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Packing Slip

Please complete this form with detailed information about EACH product being shipped to the TDS account, and include this completed form in the package.

For / Recipient Information	
For Account Name	For Account Number

From / Sender Information			
Name		Street Address	
City	State or Province	Zip or Postal Code	
Home Phone	Cell Phone	Email Address	

Package Contents			
Quantity	Commodity	Product	Gross Troy Ounces
Quantity	Commodity	Product	Gross Troy Ounces
Quantity	Commodity	Product	Gross Troy Ounces
Quantity	Commodity	Product	Gross Troy Ounces
Quantity	Commodity	Product	Gross Troy Ounces

Special Instructions