



PICKUP REQUEST FORM

Form 7-902/19

Please fill out the information below and send back via email to: cylinderpickups@concordegas.com or by fax 732-544-9894

Today's Date: _____

Requested Pick-up Date: _____
(Requested date is subject to change due to carrier availability)

1st Contact: _____ Phone Number: _____ Email: _____

2nd Contact: _____ Phone Number: _____ Email: _____

Company name: _____ Substation Name: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Pick- Up Hours: _____ OEM origin (If Known) _____

Amount of Cylinders: _____ Amount of Tonner Tanks: _____

Type of Skid: Wooden Pallet _____ Concorde Metal Rack _____ Customer Rack _____ Other: _____

Amount of Skids _____ Total Weight _____ Type of Gas: SF6 _____ Other _____

Cylinder Instructions:

Are these cylinders being returned to Concorde Specialty Gases permanently? Yes _____ No _____

If the cylinders need to be returned to you, please choose which service(s) is needed:

Empty Cylinders _____ Test Gas _____ Recycle Gas _____
 Consolidate Gas _____ Empty Evacuate _____ Swap Cylinders _____
 Return Rack _____ Refill Cylinders _____

Other: _____

Does each cylinder have a green non-flammable label?

Yes _____ No _____

Onsite Loading Capabilities:

Dock: _____
 Forklift: _____
 Other: _____

Requested Loading Assistance:

Lift Gate: _____
 Pallet Jack: _____
 Other: _____

Requested Cylinder Return Date:

Disclaimers:

- Returns of 3 or fewer cylinders will be at the client's expense. Concorde will provide you with a quote to return these cylinders. Payments are to be made by credit card. Once payment is received Concorde will schedule the pick-up.
- Cylinders that need to be hydro tested or recertified will require a minimum of 5 additional business days added to your estimated return date.