



Maritime Delivery Services (Canada) Limited

GUARANTEE OF CHARGES

I/We, _____, agree to pay the below charge(s) on the below container(s) immediately upon receipt of invoice (to the Bill To information listed below).

Business name	
ATTN:	
Street Address	
Street Address2	
City, ST ZIP	
Email	

By:

customer name

date

customer signature

Container#	LFD	Storage Due	NEW LFD	Exam Fee

MDS USE ONLY		
Container	Invoice#	Date Sent