



# Container Request Form

Complete the form below at time of order placement and return to [Leasing@CSafeGlobal.com](mailto:Leasing@CSafeGlobal.com).

**Please Note: CSafe requests 48 hour notice.**

Date		Requesting Company	
Contact Name			
E-Mail Address			
Phone Number			
Customer Reference Number			
Master Air Waybill Number			
Lease Type	<input type="checkbox"/> 7 Day Trip Lease* <input type="checkbox"/> 30 Day Lease <input type="checkbox"/> Twelve Month Lease <input type="checkbox"/> 14 Day Trip Lease* <input type="checkbox"/> Six Month Lease <input type="checkbox"/> Other (Please specify: _____)		
<small>*Trip leasing is based on container availability. Not all lease terms are available for the RAP. Your Master Lease Agreement may offer different lease options.</small>			

Number of RKNs Required		Number of RAPs Required	
Commodity			
Shipper			
Forwarder			
Container Release Date			
Shipment Origin		Shipment Destination	
Container Release Location		Container Return Location	

Container Delivery Address	
Will the container be picked up?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the container going to be delivered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide complete address information (if applicable)	
Company	
Attention	
Street Address	
City, State/Province, Postal Code	
Country	
Phone Number	

<b>Special Instructions:</b>	<input type="checkbox"/> Damage Waiver	<input type="checkbox"/> Precondition Container (Temp) _____
	<input type="checkbox"/> Straps (QTY) _____	<input type="checkbox"/> Set to Shipment Mode (Temp) _____
	<input type="checkbox"/> Seals (QTY) _____	<input type="checkbox"/> Other _____

### Customer Support Contact Information

**mailing Address:** Attn: Customer Support  
2900 Dryden Road  
Dayton, OH 45439 USA

**Telephone Number:** +1 937 245 6350 prompt 2  
**Fax Number:** +1 937 299 5004  
**E-Mail:** [Leasing@CSafeGlobal.com](mailto:Leasing@CSafeGlobal.com)