



## ROAD SALT ORDER FORM

TIME: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

DATE: \_\_\_\_\_

BILLING ADDRESS:

DELIVERY ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PURCHASE ORDER # (If you require a P.O.): \_\_\_\_\_

BILLING CONTACT PERSON:

DELIVERY CONTACT PERSON:

\_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

FAX #: \_\_\_\_\_

RECEIVING HOURS: \_\_\_\_\_

TONS REQUIRED: \_\_\_\_\_

OR TRUCK LOADS: \_\_\_\_\_

ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: Customer Service, 12841 Sanders Detroit, MI. 48217  
Telephone (313) 841-5144 Fax (313) 841-1102 or (313) 841-0466  
Email to [orders@detroitsalt.com](mailto:orders@detroitsalt.com)