



BULK WATER SHIPMENT CUSTOMER INFORMATION & ORDER INQUIRY SHEET

Please complete all sections and send this form back to us through: info@drinksnowater.com

NAME OF COMPANY: _____

WHAT WILL THE WATER BE USED FOR: ___ Potable ___ Municipal ___ Industrial
_____ Agriculture Other- _____

COMPANY ADDRESS: _____

MAILING ADDRESS: _____
(If Different From Above)

COMPANY'S CONTACT DETAILS: Telephone - _____
Fax - _____
Website - _____

NAME OF CONTACT PERSON: _____
POSITION: _____

Telephone - _____
Fax - _____
Website - _____

TARGET TERRITORY/TERRITORIES FOR
THE WATER (Please specify Cities, Countries) _____

REUIRED DATE OF FIRST SHIPMENT: _____

ESTIMATE VOLUME FOR INTIAL ORDER: **(For cost quotation purposes only, NOT A COMMITMENT)**
Number of Containers: _____
(Note: each 20-ft container contains 24,000 Liters
of high quality **I GLACIER WATER™**)

DURATION OF WATER REQUIREMENT: _____ Estimated to last six (6) months
_____ Estimated to last one (1) year
Other Estimate: _____

LOCATION OF DELIVERY Country - _____
City/Town - _____
Port - _____
Harbour/ Terminal - _____

IGW ehf
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info@drinksnowater.com

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. YOU MAY EXPECT US TO CONTACT YOU WITHIN 1-3 DAYS.
* ALL ORDERS SUBJECT TO COMPANY APPROVAL.