

COMPRESSOR RENTAL RETURN FORM

FROM: _____

COMPANY: _____

ADDRESS: _____

CONTACT: _____

TO:
Brahma Compression Ltd.
Attn: Don Schafer
F. (403) 243-1421

RE: ____ **HP Gas Compressor Package**
S.O. # _____
LSD # _____

Effective today, (date: _____), we hereby provide 30 days notice for the return of the above noted gas compressor package.

The equipment will be returned to your facility in Calgary in the following manner (*please check off one of the follow*):

- We will arrange to return the equipment to your shop no later than 30 days from today's date.
- You will arrange to have the equipment picked-up at the above noted LSD and charge freight costs to us. We will ensure the equipment is disconnected and ready to pick up by the following date: _____

Signed by:

Name: _____

Phone Number: _____

Please fill in the appropriate spaces and fax to (403) 243-1421

BRAHMA COMPRESSION LTD.

1310 - 43RD AVENUE SE, CALGARY, ALBERTA, CANADA T2G 2A2
T. (403) 287-6990 | TF. 1(800) 230-6056 | F. (403) 243-4085