



LightRecycle Container Request Form

Please email this form to wayne@productcare.org or fax to 1-604-592-2982

TODAY'S DATE: _____

DEPOT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

SHIPPING HOURS: _____

TO BE PICKED UP:

OF CFL BOXES (14" x 14" x 14") _____

OF 4' TUBE BOXES (8" x 8" x 48") _____

OF 8' TUBE BOXES (6" x 6" x 96") _____

SUPPLIES NEEDED (please advise quantity required):

_____ Empty boxes CFL _____ Empty 8ft boxes

_____ Empty 4ft boxes _____ Posters

_____ Counter Cards (Bundles of 50) _____ Tape (for boxes)

_____ Spill Kit

SPECIAL SHIPPING INSTRUCTIONS: _____

Please note: the pickup of full boxes and the drop off of new empty boxes is not done at the same time. Supplies may also be delivered at a separate time.