Send completed form to either:

Email: mbdispatchlights@productcare.org

Fax: 604.592.2982

Or Call: 1.877.592.2972 Ext 223



COLLECTION SITE LIGHT PICKUP/SUPPLY REQUEST FORM

1. Collection Site Details:								
	TE NAME TE ADDRESS				TODAY'S DATE:			
٥.	TE ADDITESS				FAX/EMAIL:			
					SIGNATURE:			
					_			
		dicate collection site type: lick one box)		Residential Only		IC&I / Large Volume Generator		
2. Shipping Hours:								
	SUN	MON	TUES	WED	THURS	FRI	SAT	
3. Collection (add quantities to be collected):								
	# of CFL Bulb BOXES Provide Dimensions of Skid(s) containing boxes						ning boxes	
_	# of 4ft TUBE BOXES Ski				1:			
_		# of 8ft TUBE BOXES			Skid 2:			
=			OTHER	Oth	er:			
4	Davida	Cli				f		
4. Replacement Supplies Required (quantities in multiples of 5, except 8 foot boxes)								
_	Empty Boxes CFL Bulbs		Counter —— (bundle	Rack Cards of 25)		Spill Kit		
	Em	npty Boxes 4ft		Posters			Tape (pack of 6)	
	En	npty Boxes 8ft		Pallets			Other	
5. Other (please provide any additional comments or 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.

Forms may not be current due to changes in processes, regulations and procedures. Updates will be provided to your collection site as required and posted on www.productcare.org. Please ensure you are using the most updated version of this form.

Effective May 2018