

Recycling Order Form

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Generator _____	Billing Company _____
Address _____	Address _____
Address2 _____	Address2 _____
Phone _____	Phone _____
Fax _____	Fax _____
Contact Name _____	Contact Name _____
PO # _____	Billing Code (USA) _____
E-mail _____	Please select one <input type="checkbox"/> Pickup <input type="checkbox"/> Delivery

Materials for Recycling

Lamps	Boxes/each	Ballasts / Capacitors	Qty	Batteries	each/lb.
4ft & under Fluorescent	_____	Ballasts	_____	Nickel Cadmium	_____
8ft Fluorescent	_____	Capacitors	_____	Nickel Metal Hydride	_____
Compacts	_____	Mercury Devices	Qty _____	Alkaline	_____
Incandescent	_____			Zinc Carbon	_____
U-Bends	_____	Mercury Devices	_____	Zinc - Air	_____
HIDS	_____	Lighting Fixtures	Qty _____	Lead Acid Dry Cell	_____
Other (describe)	_____			Lead Acid Wet Cell	_____
Other (describe)	_____	Lighting Fixtures	_____	Mercury	_____
Computer / Electronics	Qty _____	Toners / Cartridges	Qty _____	Silver Oxide (Button Cell)	_____
Monitors	_____			Lithium	_____
Keyboards	_____	Toners / Cartridges	_____	Lithium Ion	_____
Hard Drives	_____	Other (Describe)	Qty _____	Magnesium	_____
Printers	_____			Co-Mingled	_____
Other (describe)	_____	Other (describe)	_____	Other (describe)	_____
Other (describe)	_____	Other (describe)	_____	Other (describe)	_____

Containers Needed (please enter quantity needed)

4ft Boxes _____	4ft Fibre Drums _____	55 gallon Drums _____
8ft Boxes _____	Gaylords _____	5 gallon Pails _____
Other (describe) _____	Other (describe) _____	Other (describe) _____

Site Information (please select correct response)

Receiving Hours _____	Loading Dock	Yes	No	Workers available to load	Yes	No
Height Restrictions _____	Lift Gate Required	Yes	No	Forklift	Yes	No
Return any Crates	Pallet Jack	Yes	No	Items Palletized	Yes	No
				Number of Pallets	_____	

Directions / Special Instructions

Directions _____

Special Instructions _____

Requested By _____ Info Taken By _____ Phone _____ Date _____