

SHARPS+PAK PREPAID DISPOSAL ORDER FORM

Visit our web site at www.prepaidrecycling.com for details on each product

Introducing SHARPS+PAK® ... prepaid disposal for sharps or any contaminated sharp instrument used in the medical industry, such as: needles, syringes, scalpels, lancets, orthodontic wires, blood-tainted knife blades, and contaminated broken glassware and glass slides. With SHARPS+PAK you are assured a safe, comprehensive and cost-effective disposal system. Each SHARPS+PAK kit includes all components required for collection, transportation and disposal of sharps and regulated medical waste.

Billing Information:	SHARPS DISPOSAL SYSTEMS (SHARPS ONLY)			
	Item	Description	QTY	Price EA
	SUPPLY113	ONE QUART SHARPS DISPOSAL SYSTEM (1Q-V3-VES)		\$52.95
	SUPPLY115	5 QTY-ONE QT SHARPS DISPOSAL SYSTEM (5-1Q-V3-VES)		\$98.95
	SUPPLY116	ONE GAL SHARPS DISPOSAL SYSTEM (1G-V3-VES)		\$63.95
	SUPPLY117	2 QTY-ONE GAL SHARPS DISPOSAL SYSTEM (2-1G-V3-VES)		\$78.95
	SUPPLY118	TWO GALLON SHARPS DISPOSAL SYSTEM (2G-V4-VES)		\$78.95
	SUPPLY119	2 QTY-TWO GAL SHARPS DISPOSAL SYSTEM (2-2G-V4-VES)		\$110.95
	SUPPLY120	THREE GAL SHARPS DISPOSAL SYSTEM (3G-V3-VES)		\$97.95
	REGULATED MEDICAL WASTE DISPOSAL			
SUPPLY146	1 GALLON WIDE MOUTH DISPOSAL SYSTEM (1GWM-V1-VES)		\$75.95	
SUPPLY122	5 GALLON WIDE MOUTH DISPOSAL SYSTEM (5G-V2-VES)		\$123.95	
BASKETS				
SUPPLY166	MOUNTING BRACKET WITH LOCK FOR 1 QUART, 1, 2, & 3 GALLON DISPOSAL SYSTEMS (MBBRKT-LC-VES)		\$32.95	
SUPPLY167	MOUNTING BRACKET WITHOUT LOCK FOR 1 QUART, 1, 2, & 3 GALLON DISPOSAL SYSTEMS (MBBRKT-VES)		\$24.95	
SHIPPING ADDRESS (if different from billing address)				
Company Name:				
Shipping Address:				
City, State, Zip:				
Contact Name:				
Phone:				
			Total	
** ALL ITEMS MUST BE SHIPPED VIA UNITED STATES POSTAL SERVICE. FOR REPLACEMENT RETURN SHIPPING BOX, CALL 1-888-669-9725. BE PREPARED TO IDENTIFY YOUR PRODUCT. ADDITIONAL CHARGES APPLY FOR REPLACEMENT RETURN SHIPPING BOXES.				
Payment Information:	Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX Credit Card Number: Expiration Date: Card Holders Name: Purchase Order Number**: ** MIN CHARGE IS \$500 FOR ALL PURCHASE ORDER REQUESTS. SUBJECT TO CREDIT APPROVAL.			
Billing Information:	Company Name: Billing Address: City, State, Zip: Contact Name: Phone: Email Address:			

**RETURN ORDER FORM VIA FAX TO (920) 757-5485
OR VIA EMAIL TO PAK.TS@VEOLIAES.COM**