SECURE GARMENT DISPOSAL FORM



PERSONAL DETAILS

Customer Name

Contact

Phone Number

DISPOSAL REQUIREMENTS

Please select the correct box required for duration and frequency

Agreement Duration

One Collection

3 Years

1 ¹/₂ Years

5 Years

• 2 Years

When completed, please return by email to: sales@hazchemsafety.com

Collection Frequency

- Weekly
- Monthly
- 2 Monthly
- 3 Monthly

Do you Require Immediate disposal/empty required upon delivery of the bin?

Site Details

Site Contact Name:	
Site Contact Number:	
Address:	
Site Opening Hours:	

When completed, please return by email to: sales@hazchemsafety.com

