

## **PERSONAL DETAILS**

**Customer Name** 

Contact

**Phone Number** 

# **DISPOSAL REQUIREMENTS**

Please select the correct box required for duration and frequency

## **Agreement Duration**

One Collection
1 ¹/₂ Years
5 Years

• 2 Years

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

### **Collection Frequency**

Weekly
Monthly
2 Monthly
4 Monthly
5 Monthly
6 Monthly

• 3 Monthly

#### **Number of Bins Required**

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Address:	Bins Required:

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

