

Veterinarian Practice - Request for Services

(Please print clearly or type)

Name of Practice: _____

Generator No: _____
 (Mandatory)

Address: _____

City: _____ Postal Code: _____

Contact Name: _____ E-Mail: _____

Telephone: _____ Fax: _____


Would you like invoices delivered by: E-Mail Fax

Business Hours: Mon _____ Tue _____

Wed _____ Thu _____

Fri _____

Please specify the quantity required: "Full for pick up" and/or quantity of "Empties needed"

 **We bill for each sharps container that is not prepaid.**

	* For pick up	Empties needed (pre-paid)
• X-Ray Fluid - 20 L	_____	_____
• 5 L Sharps Container	_____	_____
• 25 L Sharps Pail	_____	_____
• 1.4 L Sharps Container	_____	_____
• Scrap X-Ray Barrel	_____	_____
• Lead Vest	_____	_____
• Document Shredding	_____	_____
• Other: _____ (Please specify)	_____	_____

No disposal charge with a scheduled pick up: Inkjet/Toner Cartridges | E-Waste | Batteries

Please complete and fax to (905) 333-1306 or email to disposal@greenflow.com

4151 Morris Drive, Units 2-4, Burlington, Ontario L7L 5L5
 www.greenflow.com