

GENERATOR PROFILE FORM

Account Form

GENERATOR/ SITE INFO

* THE PHYSICAL LOCATION WHERE WE WILL PICK-UP YOUR RECYCLING

* YOUR EPA ID IS A 9 DIGIT NUMBER. IF YOU CANNOT FIND YOUR EPA ID WE CAN LOCATE YOUR EPA ID BY SEARCHING THIER DATABASE

POINT OF SERVICE INFORMATION

Name of Generator:		
Pick-up Location:		
Address line 1:		
Address line 2:		
City:	State:	Zip Code:

EPA ID NO.

EPA ID NO:

SHIPPING AND RECEIVING INFORMATION

Shipping & Receiving Hours:	
Days Available:	Loading Dock? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mon-Fri <input type="checkbox"/> Wed	Material Handling Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mon <input type="checkbox"/> Thurs	*Tractor Trailer Access? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tues <input type="checkbox"/> Fri	

ON SITE POINT OF CONTACT

1st Contact:	Time Available:	Tel 1:	EXT:
Email Address 1:		Cell 1:	
2nd Contact:	Time Available:	Tel 2:	EXT:
Email Address 2:		Cell 2:	
3rd Contact:	Time Available:	Tel 3:	EXT:
Email Address 3:		Cell 3:	

PICK-UP INFO

SCHEDULING AND INSTRUCTIONS

* IF YOU HAVE SPECIAL REQUIREMENTS FOR SHIPPING AND RECEIVING PLEASE OUTLINE THEM BELOW SO OUR DISPATCHERS AND DRIVERS CAN SERVICE YOUR NEEDS.

Recurring Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other	Specify:
Will Call For Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Require Call Ahead: <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Instructions for Pick-up:	Directions to Site: (No Expressways)

MAILING INFO

CERTIFICATE OF RECYCLING AND MANIFEST TO BE MAILED TO

* PLEASE OUTLINE WHO SHOULD RECIEVE YOUR CERTIFICATE OF RECYCLING. IF THE PERSON IS DIFFERENT FROM THE CONTACTS LISTED ABOVE PLEASE COMPLETE ALL FIELDS. IF ONE OF THE CONTACTS ABOVE IS THE CORRECT PERSON TO RECEIVE CERTIFICATES, PLEASE REFERENCE THE CONTACT AND CONFIRM TELEPHONE, FAX, AND EMAIL INFORMATION

Company Contact:	Tel 1:	EXT:
Address 1:	PO Box:	Tel 2:
Address 2:	Email:	
City:	State:	Zip Code:
		Fax:

PLEASE FILL OUT BOTH ACCOUNT FORMS

* IF YOU'RE A NEW NLR CUSTOMER AND YOU HAVE NOT FILLED OUT A BUSINESS CREDIT APPLICATION, PLEASE COMPLETE BOTH FORMS TO BEGIN THE APPROVAL PROCESS. ONLY AFTER A GENERATOR PROFILE FORM AND A BUSINESS CREDIT APPLICATION ARE COMPLETED, CAN WE BEGIN TO RECYCLE YOUR UNIVERSAL WASTE.

Company Representative: _____
 Title: _____

Signature: _____
 Date: _____

