



## RECYCLING Request Form

<b>NAME:</b>	
--------------	--

<b>COMPANY:</b>	
-----------------	--

<b>DATE:</b>	
--------------	--

EMAIL FORM TO: [crm@trojanuv.com](mailto:crm@trojanuv.com)

FAX FORM TO: 1-800-591-0585

PICK-UP ADDRESS	
SITE NAME:	
ADDRESS:	
CITY/TOWN:	
STATE/PROVINCE:	
COUNTRY:	
ZIP/POSTAL CODE:	
CONTACT NAME:	
E-MAIL:	
PHONE:	
FAX:	
ADDITIONAL ADDRESS DETAILS:	

DESCRIPTION OF GOODS			
QUANTITY PIECES	PART #	PROJECT #	DESCRIPTION OF GOODS

SPECIAL INSTRUCTIONS

SHIPMENT DIMENSIONS			
QUANTITY	SKID OR BOX?	DIMENSIONS (L x W x H ")	WEIGHT PER SKID OR BOX (lbs)
<b>TOTAL WEIGHT:</b>			



GET GENUINE.

*"If it's not a Genuine Trojan part, it shouldn't be part of your Trojan system."*

TrojanUV  
3020 Gore Road  
London, Ontario, Canada  
N5V 4T7  
[trojanuv.com/getgenuine](http://trojanuv.com/getgenuine)