

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 Canada Post

Business Hours: Mon _____

Tue _____

Wed _____

Thu _____

Fri _____

Please specify the quantity for pickup and/or quantity of empty containers needed for delivery:

*** Non-Greenflow containers picked up will be charged our applicable fee.**

	Full for Pick up	Empties needed
• X-Ray Fluid - 20 L	_____	_____
• 5 L Sharp Container:	_____	_____
• 25 L Sharp Pail:	_____	_____
• Scrap X-Ray Barrel:	_____	_____
• Other: _____ (Please specify)		

Please complete and fax to (905) 333-1306