

Service Request Form

Complete Recycling Solutions, LLC
 1075 Airport Road
 Fall River, MA 02720



Date: _____

email: sales@crsrecycle.com
 Phone : 866-277-9797 Fax: 508-402-7750

Company Name (Generator)

Street Address

City, State, ZIP

Contact

Phone

Bill -To / Company

Contractor Info. (if applicable)

Contact

Phone

Pick-Up Request

# of Cntrs	Cntr Type & Size	Description of Waste	Quantity lbs, lamps, etc)	# of 4' pallets	# of 8' pallets

Special Notes:

EPA ID #: (if required)

If Ballasts are being picked up, indicate the type of Ballast

- NON-TSCA PCB
 - NON-PCB

Requested Pick-Up Date

Empty Packaging Request

Container Type

Qty

Container Type	Qty

- On Loading Dock
- Is Lift Gate Needed
- Is Product Palletized
- Is Pallet shrink-wrapped
- Is Jack/Dolly Needed
- Is Fork Lift Available
- Accessible by 48' Trailer

