



MWPDR

Midwest Product Destruction and Recycling

REQUEST FOR DESTRUCTION OF FULL BEVERAGE CONTAINERS

Company Information			
Company Name:	<input type="text"/>		
Address:	<input type="text"/>		
	<i>Street Address</i>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Company Contact:	<input type="text"/>	Contact Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Transportation Information			
Would you like MWPDR to pick up your product? (Based upon MWPDR availability)			
<input type="checkbox"/>	Yes, Please fill out below:	<input type="checkbox"/>	No, Desired Delivery Date <input type="text"/>
<input type="checkbox"/>			Third Party
Pick Up Address:	<input type="text"/>		
	<i>Street Address</i>		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Desired Pick Up Date:	<input type="text"/>	Receiving Hours:	<input type="text"/>
		Height Restrictions:	<input type="text"/>
Loading Dock:	<input type="checkbox"/>	Lift gate Required:	<input type="checkbox"/>
		Pallet Jack:	<input type="checkbox"/>
		Forklift:	<input type="checkbox"/>
Desired Destruction Date:	<input type="text"/>		

****[Please submit and continue to complete the schedule of products.]****