

GET A FREE QUOTE!

FAX / EMAIL FORM:
888.742.9776
sales@medprodisposal.com
VISIT ONLINE:

CALL THE HOTLINE:



YOUR SALES REP NAME

Steve Shepherd
317-695-6885

Company Name: _____

Contact and Title: _____
First Name Last Name Title

Office Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Email:** _____

Notes: _____

If known...

Current Service Provider: _____ **Current Invoice Amount:** _____

Frequency of Service: _____
☐ Per Container ☐ Per Pickup ☐ Per Month

Number of Containers Per Pickup: _____ **Type of Container:** (Indicate below)

☐ Large Cardboard Box (24"x18"x18") ☐ Large Reusable Tote (31 Gallons) ☐ Other (Please Describe)



