1300 North 17th Street · Suite 1752 · Arlington, VA 22209



www.thermostat-recycle.org

WHOLESALE DISTRIBUTOR PARTICIPATION FORM

Use this form to become a TRC collection point for waste mercury thermostats and to order mercury thermostat recycling containers. The containers are supplied with everything needed to become a TRC collection point.

DO NOT INCLUDE OTHER PRODUCTS OR MERCURY SWITCHES REMOVED FROM THERMOSTATS IN THE CONTAINERS. DOING SO MAY FORFIET YOUR PARTICIPATION IN THIS PROGRAM.

A one-time \$25.00 fee is required for each collection container ordered.

Payments may be made by check, credit card, or an invoice may be requested. Checks are payable to *Thermostat Recycling Corporation*.

Fax orders with payment by credit card or requesting invoice to:

703-841-3309

Mail participation forms with payment enclosed to:

Thermostat Recycling Corporation 1300 North 17th Street, Suite 1752 Arlington, VA 22209

Wholesale Distributor Information/Contact Information for Order									
		Stributor informatio	on/Contact Infor	nation to	r Oraer				
Company N	Name:								
Address:			State:	-	Zip:				
Contact Na	ime:	Contact Phone:							
Contact En	nail:	Company Website:							
Billing Information [□ check if same as above]									
Circle Payment Method: Check Enclosed Credit Card (Visa/MasterCard) Request Invoice									
Company N	Name:								
Address:				State: 2		Zip:			
Card Holder Name:									
Credit Card	d #:		Exp. Date:		e:				
Card Holder Signature:									
Collection Location Information (One line per location) attach page with additional locations									
Total Number of Containers:			Total Amount \$	[# containers x \$25.00 US]		x \$25.00 US]			
Count Containers	Location Name (& Branch Number)	Shipping Address/City/S [No PO		Contact Person		Phone			

Location Name (& Branch Number)	Shipping Address/City/State/Zip [No PO Box]	Contact Person	Phone
	Location Name (& Branch Number)	Location Name (& Branch Number) Shipping Address/City/State/Zip [No PO Box]	Location Name (& Branch Number) Shipping Address/City/State/Zip (Contact Person) In PO Box Contact Person C