UPenn CLIENT INFORMATION SHEET

PLEASE COMPLETE THE PORTIONS IN RED TO SET UP YOUR ACCOUNT.
YOUR UNIQUE SITE ADDRESS IS YOUR BUILDING NAME, FLOOR #, LAB NUMBER (E.G. SCTR BLDG – 12-161)

DATE: _____

SECTION 1: CLIENT INFORMATION NEW ☐ REVISED ☐ (check "Revised" if currently being picked up by Curtis Bay Energy)

CLIENT NAME: _____

SITE ADDRESS: _____

_____

COUNTY: _____

SITE CONTACT PERSON: _____ **BA CONTACT:** _____

SITE CONTACT: PHONE: ___-___-___ **FAX:** ___-___-___ **BA: PHONE:** ___-___-___ **FAX:** ___-___-___

SITE CONTACT EMAIL: _____ **BA EMAIL:** _____

OFFICE HOURS (M-F): _____ **LUNCH:** ____ **TO** ____ **OPEN** ☐ **OR CLOSED** ☐ **?**

BILLING ADDRESS: 3451 WALNUT STREET, ROOM 440
PHILADELPHIA PA 19104

P.O# _____ **valid** _____ **to** _____ **TERMS:** _____

SECTION 2.

SERVICE REQUESTED: UPENN SHARPS RECYCLING PROGRAM

ESTIMATED CONTAINERS PER PICK-UP: _____

IS THIS A SINGLE LAB ☐
IS THIS A LAB CLUSTER ☐ **PLEASE IDENTIFY THE LAB NUMBERS ASSOCIATED WITH THIS PO BELOW**

_____
_____
_____

IS YOUR LAB LOCKED ☐

IF LOCKED WILL THEY PLACE IT OUT IN THE HALL WAY PLEASE LIST BELOW

SPECIAL INSTRUCTIONS: _____

_____
_____
_____
_____