



The Industrial Waste Professionals™

The "Get Rid of It!" Program™

The safest and most convenient way to dispose of your unwanted, outdated and unused chemical products

Fax Completed Form
to (414) 475-4496
or email to kcwulf@advancedwasteservices.com

	Quantity	Size	Form * (check)	Chemical Name
1			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
2			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
3			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
4			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
5			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
6			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
7			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
8			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
9			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
10			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	

Notes:

*** Form: L = Liquid / S = Solid / G = Gas**

I've chosen to attach my inventory. *Insert initials:* _____

Client Name: _____ Date: _____

Address: _____

Telephone: _____ Fax #: _____

Client Contact: _____ Email: _____

EPA ID# _____ IL State ID# _____

Inventory Completed By: _____

Inventory Location (be specific) _____

For AWS Use

Results Advisor _____ Date _____ Action Plan Date _____ Work Order # _____

	Quantity	Size	Form * (check)	Chemical Name
11			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
12			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
13			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
14			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
15			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
16			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
17			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
18			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
19			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
20			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	

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The "Get Rid of It!" Action Plan

Based on the "Get Rid of It!" Inventory provided above or attached to this document, AWS will package, label, profile, transport and dispose of the listed inventory for:

\$ _____ PO# _____

_____ *Print Name* _____ *Signature* _____ *Date*

By signing above, I authorize AWS to remove my "Get Rid of It" inventory and pay AWS the amount indicated above. I also agree that, in the event that items are added to the above list, additional costs may result. I will be notified of any pricing changes required and will agree to pay any additional costs before AWS completes the removal.



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	Quantity	Size	Form * (check)	Chemical Name
21			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
22			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
23			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
24			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
25			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
26			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
27			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
28			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
29			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
30			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
31			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
32			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	

Notes:

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Client Name: _____

Client Contact: _____

Telephone: _____

Email: _____

For AWS Use

Results Advisor _____ Date _____ Action Plan Date _____ Work Order # _____

	Quantity	Size	Form * (check)	Chemical Name
33			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
34			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
35			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
36			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
37			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
38			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
39			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
40			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
41			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
42			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
43			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
44			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
45			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
46			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
47			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
48			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
49			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
50			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
51			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
52			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	

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Transforming Today's Wastes Into Tomorrow's Resources™