

# EzCartridges.com

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Name*	
Company Name	
Email Address*	
Full Postal Address*	
Telephone No*	
Check Made Payable To*	<hr/> <hr/> <hr/> <hr/>

Type Of Recycling Scheme You Wish To Open\*

Option 1 Individual (small box, prepaid return shipping label)

Option 2 School (collection box)

Option 3 Business/General collection (collection box)

Where you are you planning to collect?

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\*(Required)