

## MERCURY THERMOSTAT SMALL PAIL PARTICIPATION FORM

Use this form to order a Thermostat Recycling Corporation small pail(s) for waste mercury thermostats. The container(s) are supplied with everything needed to return out-of-service mercury thermostats to the Thermostat Recycling Corporation. Each small pail holds a maximum of 6 thermostats. TRC assumes all recurring costs to ship and process waste mercury thermostats.

**DO NOT INCLUDE ANY OTHER PRODUCT OR MERCURY SWITCHES REMOVED FROM THERMOSTATS IN THE CONTAINER(S). SHIPMENT OF ELEMENTAL MERCURY IS STRICTLY PROHIBITED. DOING SO MAY FORFEIT YOUR PARTICIPATION IN THIS PROGRAM.**

A \$25.00 fee is required for each small pail ordered. Once the small pail is shipped to TRC, materials inside will be counted and another pail will be sent back to continue in the program. 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:

**703-852-7202**

Mail participation forms with payment enclosed to:

**Thermostat Recycling Corporation**  
 500 Office Center Drive | Suite 400 | Fort Washington, PA 19034

Contact Information for Order			
<b>Type (must check one):</b> <input type="checkbox"/> Wholesaler <input type="checkbox"/> Retailer <input type="checkbox"/> Contractor <input type="checkbox"/> HHW <input type="checkbox"/> Other _____			
Name:		Website:	
Address:		City:	State:    Zip:
Contact Name:	Phone:	Contact Email:	
Billing Information			
Payment Method (must check one): <i>Check Enclosed</i> <i>Credit Card (Visa/MasterCard)</i> <i>Request Invoice</i>			
Name:		[ <input type="checkbox"/> check if same contact and address as above ]	
Address:		City:	State:    Zip:
Card Holder Name:		Credit Card #:	Exp. Date:
Card Holder Signature:			

**Total Number of Small Pails:** \_\_\_\_\_

**Total Amount \$** \_\_\_\_\_  
 [# Pails x \$25.00 USD]

Pail Location Information (One line per location)						
[ <input type="checkbox"/> check if same as above ]						
Pail Bar Code (TRC use ONLY)	# of Small Pails	Location Name (Number is applicable)	Pail Shipping Address/City/State/Zip [No PO Box]	Contact Name	Main Phone #	Email

**See Next Page to Fill Out Additional Locations to Receive Pails**

**Pail Location Information (One line per location)**

Attach page with additional locations

Pail Bar Code (TRC use ONLY)	# of Small Pails	Location Name (Number if applicable)	Pail Shipping Address/City/State/Zip [No PO Box]	Contact Name	Main Phone #	Email