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Please fill this out in its entirety and return it back to your sales representative.

Company Name: _____

Physical Address: _____

City, State, Zip: _____

Phone Number: _____

Contact Name/Title: _____

E-Mail Address: _____

Cell Phone: _____

Purchase Order Number: _____

Number of Sections: _____ **Mil Thickness:** _____

Descriptions/Instructions: _____

Date you are contacting GCR: _____

Date your covers will be ready for recycling: _____