

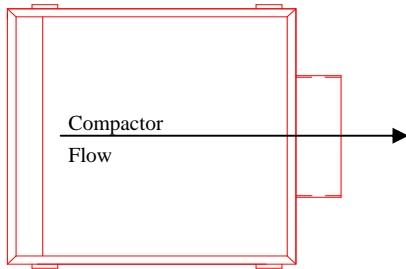


PO Box 444, Duvall, WA 98019
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101 Compactor Order Form

Customer Name: _____
 Dealer: _____
 Model #: _____
 PO #: _____

Order Date: _____
 Due Date: 6 to 8 Weeks
 Job #: _____
 Processed By: _____



Top View

Control Panel Location:

Left Right Rear Loose (Unattached) None

Control Panel Controls:

Left Right Face (Door) None

If ordering **Loose Control Panel**, indicate the amount of Sealrite Whip required, if any. Feet: _____

Motor Requirements:	<input type="checkbox"/> Voltage & Phase:	Exhaust Fan:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dock Transition Plate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bin Gone Switch:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hydraulic Dumper:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auto-Cycle Timer:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Deodorizer/Insecticide:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Auxiliary Bin Near Full Light	<input type="checkbox"/> Yes <input type="checkbox"/> No
Waste Stream Identified:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photo-Eye Start Switch:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electric Greaser:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Compactor Color:	<input type="checkbox"/> Sani-Tech Almond <input type="checkbox"/> BFI Blue <input type="checkbox"/> Logistics Grey <input type="checkbox"/> WM Burgundy <input type="checkbox"/> WM Green		
	<input type="checkbox"/> Other:	_____	

Complete this section below if a Receiver Bin is NOT being ordered with the Compactor.....

Auger Ring Size:	<input type="checkbox"/> 25" <input type="checkbox"/> 31" <input type="checkbox"/> 37" <input type="checkbox"/> 41" <input type="checkbox"/> None
Auger Ring:	<input type="checkbox"/> Ship Separate <input type="checkbox"/> Ship With Compactor <input type="checkbox"/> None
Bin Hole Cover:	<input type="checkbox"/> Canvas <input type="checkbox"/> Metal <input type="checkbox"/> None
Guides and Stops:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____

Special Options and/or Instructions:

- Approved
- Approved as Noted
- Disapproved (REVISE)

Name: _____

Date: _____

