



# Enviro-tyres

## Responsible Tyre Disposal

### Application / Quotation Form

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Accessibility to tyres: \_\_\_\_\_

Frequency of pickup required	Weekly	<input type="checkbox"/>
	Fortnightly	<input type="checkbox"/>
	Monthly	<input type="checkbox"/>
	By Arrangement	<input type="checkbox"/>

Preferred day of week	<input type="checkbox"/>	
Preferred time of day	<input type="checkbox"/>	
Assistance Available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stillage Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Forklift Available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tyre Types	Approx quantity
Car	<input type="checkbox"/>
Motorcycle	<input type="checkbox"/>
Light Truck	<input type="checkbox"/>
Heavy Truck	<input type="checkbox"/>
Small Tractor	<input type="checkbox"/>
Super Single	<input type="checkbox"/>
Other	<input type="checkbox"/>

Payment preference: (please tick)

Open a credit account (pay 20th of following month)	<input type="checkbox"/>
7 day term	<input type="checkbox"/>

Other Information /comments: \_\_\_\_\_

Please complete as much info as possible to ensure assist us in obtaining accuracy in your quotation tailored to suit your business/circumstances.

Return form to: [envirobop@gmail.com](mailto:envirobop@gmail.com)