



# Wrightway Products

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## 2008 REQUEST QUOTE – MOBILE GARBAGE BINS (MGBs) WITH LID LIFTA® FOOT PEDAL

Store/Business Name and address:	Contact Person:	
	Phone	
	Fax	
	Email	

### TO REQUEST A QUOTE:

1. Print the form.
2. Complete the following table indicating bin numbers according to size of bin, and colour required.
3. If bins are to be delivered to a different address, please note the delivery address in the box provided below.
4. IF LABELS ARE REQUIRED: Please indicate in the spaces provided which labels are required.

Please use the following abbreviations for required labels:

**D** Delicatessen    **SR** Stockroom    **B** Bakery    **P** Produce    **GW** General Waste    **H** Hazardous Waste  
**SF** Seafood    **C** Canteen    **LR** Lunchroom    **M** Meat    **CY** Cytotoxic Waste

5. Please sign and date the Request for Quote form and return the form to Wrightway Products by fax, mail or email. We will endeavor to get back to you within 24 hours with a detailed quote including freight charges.

	Round Bins with Lid Lifta®				Wheelie Bins with Lid Lifta®								Industrial Bins with Lid Lifta®	
	35 Litre		50 Litre		60 Litre		80 Litre		120 Litre		240 Litre		660	1100
	No of bins	Label	No of bins	Label	No of bins	Label	No of bins	Label	No of bins	Label	No of bins	Label	No of bins	No of bins
Nature Green														
Yellow														
Charcoal														NA
Purple					NA								NA	NA
Blue	NA		NA											
Red	NA		NA											NA
Dark Green	NA		NA		NA								NA	NA
Food Grade	NA		NA										NA	NA
Burgandy	NA		NA		NA		NA						NA	NA
Light Grey	NA		NA				NA		NA		NA		NA	NA
Brown	NA		NA		NA		NA							NA
Other colours	Orange lid		Orange lid											NA
<b>Total Bins</b>														

\*Other colours available: White, Orange, High Gloss Black. Lilac is available in 120 litre only. If you do require a certain colour, please enquire – we may be able to get it for you. NOTE: Food Grade bins are for inside use only (no UHV inhibitor).

Specific Queries / Delivery Instructions / Special Instructions
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**Terms – Payment prior to dispatch for all new customers**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_ /2008