



Date

PMRS Account Rep Name:

PMRS Account Rep Phone:

**Contact Information**

First Name

Last Name

Business

Address 1

Address 2

City

State

Zip

Phone

Email

**Cremation Data & Description of Material Shipped**

Processor Setup <small>*Understanding your setup helps us guide you properly</small>	Cremation Volume <small>*Vital data to help us analyze and improve your recycling performance</small>	Material Type	Approx. Weight (lbs.)
We have a deluxe processor that separates the smaller metals	Approximate # of annual cremations _____	Implants / Prosthetics	_____
We have a traditional bucket/lobster pot styled processor that does not separate the metals.	Approximate # of cremations for the collection period represented in this shipment	Separated smaller metals	_____
We are currently using the PMRS Metal Filtration Unit		Pacemakers	_____
		Other (Describe):	_____

Notes: \_\_\_\_\_

**Payment Delivery** (select one) U.S. Mail Wire (\$35 fee) ACH (\$10 fee) Overnight Check (\$50 fee) 2-Day (\$15)**PAYABLE TO:** \_\_\_\_\_