

## REQUEST FOR QUOTATION

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Date: \_\_\_\_\_

Company name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_



Estimated Number and Type of Lamps for Recycle:

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAX TO: (780) 475-9945

EMAIL: [info@altracare.com](mailto:info@altracare.com)

WEB: [www.altracare.com](http://www.altracare.com)