



TONER CARTRIDGE PICKUP FORM
(use one form per cartridge)

Business or Agency Name: _____

Department, Mailstop, ORG or Site Code: _____ Date: _____

Contact name: _____ Phone Number: _____

Stock # of cartridge (ie, HEW C4027X, CUC IJ45A) _____

This cartridge is: **EMPTY** **DEFECTIVE** **BRAND NEW AND SEALED**
(please circle just one of the above)