

Recycling Container

436

Project / Customer Name _____

Purchase Order Number _____

Drawing Number _____

DuMor Representative Name _____

MODEL	436-40 436-40SH <input checked="" type="checkbox"/>		
	<p>two 20-gallon liners</p>		
OPENING OPTIONS	<p>1. Body Color _____</p>		
	<p>2. Choose a lid from each row</p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 5px;"> <p>2 openings 2 color options</p> </div> <p>Opening options offered with this top</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>6-3/4" x 18"</p> </div> <div style="text-align: center;"> <p>4" dia.</p> </div> <div style="text-align: center;"> <p>2" x 12"</p> </div> </div>		
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <p><input type="checkbox"/> 6-3/4" x 18"</p> <p><input type="checkbox"/> 4" diameter</p> <p><input type="checkbox"/> 2" x 12"</p> </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <p><input type="checkbox"/> 6-3/4" x 18"</p> <p><input type="checkbox"/> 4" diameter</p> <p><input type="checkbox"/> 2" x 12"</p> </td> </tr> </table>	<p><input type="checkbox"/> 6-3/4" x 18"</p> <p><input type="checkbox"/> 4" diameter</p> <p><input type="checkbox"/> 2" x 12"</p>	<p><input type="checkbox"/> 6-3/4" x 18"</p> <p><input type="checkbox"/> 4" diameter</p> <p><input type="checkbox"/> 2" x 12"</p>
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<p>3a. Lid Color _____</p> <p>3b. Lid Color _____</p>			
LABELING	<p>Choose labeling if applicable</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <p>4a.</p> <p><input type="checkbox"/> BOTTLES & CANS</p> <p><input type="checkbox"/> NEWSPAPER</p> <p><input type="checkbox"/> TRASH</p> <p><input type="checkbox"/> OTHER Write in below (Max 16 character spaces)</p> </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <p>4b.</p> <p><input type="checkbox"/> BOTTLES & CANS</p> <p><input type="checkbox"/> NEWSPAPER</p> <p><input type="checkbox"/> TRASH</p> <p><input type="checkbox"/> OTHER Write in below (Max 16 character spaces)</p> </td> </tr> </table>	<p>4a.</p> <p><input type="checkbox"/> BOTTLES & CANS</p> <p><input type="checkbox"/> NEWSPAPER</p> <p><input type="checkbox"/> TRASH</p> <p><input type="checkbox"/> OTHER Write in below (Max 16 character spaces)</p>	<p>4b.</p> <p><input type="checkbox"/> BOTTLES & CANS</p> <p><input type="checkbox"/> NEWSPAPER</p> <p><input type="checkbox"/> TRASH</p> <p><input type="checkbox"/> OTHER Write in below (Max 16 character spaces)</p>
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<p>5. Liner Concealing Shield Option</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
SHIELDS	<p>6. Shield Color _____</p>		