



PICK UP DROP OFF

STORE NAME: _____

INVOICE #: _____

LOCATION NUMBER: _____

PHONE: _____

DATE: _____

DATE: _____

PICK UP

DROP OFF

Cartridge Brand and # **Qty.**
HP BLACK CARTRIDGES

Cartridge Brand and # **Qty.** **Price**
HP BLACK CARTRIDGES

HP COLOR CARTRIDGES

HP COLOR CARTRIDGES

LEXMARK BLACK CARTRIDGES

LEXMARK BLACK CARTRIDGES

LEXMARK COLOR CARTRIDGES

LEXMARK COLOR CARTRIDGES

DELL BLACK CARTRIDGES

DELL BLACK CARTRIDGES

DELL COLOR CARTRIDGES

DELL COLOR CARTRIDGES

COMPAQ BLACK CARTRIDGES

COMPAQ BLACK CARTRIDGES

COMPAQ COLOR CARTRIDGES

COMPAQ COLOR CARTRIDGES

SHARP BLACK CARTRIDGES

SHARP BLACK CARTRIDGES

SHARP COLOR CARTRIDGES

SHARP COLOR CARTRIDGES

XEROX BLACK CARTRIDGES

XEROX BLACK CARTRIDGES

XEROX COLOR CARTRIDGES

XEROX COLOR CARTRIDGES

CARTRIDGE TOTAL: _____

CARTRIDGE TOTAL: _____

Pick Up: Signature: _____

Drop Off: Signature: _____

Signature: _____

Signature: _____