

Customer Frame Recycle/Re-Stretching Order Form

Send with Frames to be Recycled/Re-Stretched

* Must Be Completed, Prior to Processing Order

Lawson Customer #: _____

Customer Information:

*Company Name: _____

*Contact Name: _____

*Phone Number: _____

*Cell Phone: _____

*E-Mail Address: _____

Order Information

Purchase Order #: _____

Date Shipped (to RyanRSS): ___/___/___

Ship To:

Address: _____

City: _____

State: _____ Zip Code: _____

Requested/Want Date: ___/___/___

Special Shipping Notes: _____

OR Check Here _____ if picking up at RyanRSS
(5110 Penrose St. • St. Louis, MO 63115)

How did you hear about our Recycle/Restretching Service? _____

Credit Card Payment Information (if credit card is not on file)

Credit Card # _____ Exp. Date: ___/___ C.I.D. Code: _____

Exact Name on Card: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Screen Recycle/Restretching Information

Quantity	Size (Outside Dimensions)	Wood/Alum.	Desired Mesh Count	White/Dyed
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL COUNT = _____

Notice: There is an additional \$5.00 per/frame clean-up charge if there is ink on the mesh/frame.
Frames with broken corner welds cannot be re-stretched.

*Customer Signature: _____ Date: ___/___/___