



Warning and Grease Label Order Form

COMPANY: _____

PERSON SUBMITTING ORDER: _____

SIGNATURE: _____

ADDRESS WHERE LABELS SHOULD BE SENT: _____

REQUESTED AMOUNT OF:

EMBOSSSED WARNING LABELS @

\$1 per label (WPCA members) _____

\$2 per label (WPCA non-members) _____

GREASE LABELS @ \$2 per label: _____

If you'd like to receive confirmation of your label order, please print your
phone # _____ &/or Email _____

TO ORDER LABELS, PLEASE EMAIL, FAX OR MAIL THIS FORM

TO:

WPCA

10 East Doty Street, Suite 523, Madison, WI 53703

EMAIL: wpc@kpasllc.com FAX: 608-441-1435