



### Business Service

New Customer Information / PH: (775) 727-5777 / FAX: (775) 727-5832

Date: \_\_\_\_\_

<b>Type of Service:</b> <small>(Please Circle)</small>	Cart	Bin	Roll-Off	Other _____
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Business Name: \_\_\_\_\_ Tax ID#: \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord/Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Self-Owned

<b>Service Address:</b> _____  City: _____ State: _____ Zip: _____  <b>Type of Building:</b> Office Building / Apartment / House / Modular: (Single/Double/Triple) / Other: _____ <small>(Please Circle)</small> Color: _____ Trim: _____ If address # is not posted, please provide additional info/description: _____
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Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<input type="checkbox"/> <b>E-Statements:</b> Please check if you would like to have your statements emailed instead of mailed. _____ <small>(Please Initial)</small> Email Address: _____ (Please print clearly)
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#### Office Use Only

**Service Day(s):** Mon Tue Wed Thur Fri

**Route:** C01 C03 R01 R02 R03 R04

Service Type: \_\_\_\_\_

Cross Street: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_

Entered by: \_\_\_\_\_