



### Commercial / Residential Service

New Customer Information / PH: (775) 727-5587 / FAX: (775) 727-5832

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

<b>Service Type:</b> <b>Joe's:</b> Toilets / Hand Wash / Holding Tank / <u>Septic:</u> Residential/Commercial / Grease Trap / Jet <small>(Please Circle)</small> <b>Nevada Site Services:</b> Storage Box / Cleaning Services / Other _____
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Last Name \_\_\_\_\_ First \_\_\_\_\_

OR

Business Name \_\_\_\_\_ Tax ID# \_\_\_\_\_ - \_\_\_\_\_

Phone: H/W: \_\_\_\_\_ C: \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver License: State \_\_\_\_\_ ID# \_\_\_\_\_ DOB \_\_\_\_\_

Additional Account Contact if any (i.e. Spouse): \_\_\_\_\_

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

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

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

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: _____ <p style="text-align: center;"><b>(Please print clearly)</b></p>
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### Office Use Only

Service Type: \_\_\_\_\_ Service Day: M T W Th F Cross Street: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Entered by: \_\_\_\_\_