



# PAHRUMP VALLEY DISPOSAL

## New Customer Information

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

Type of Service: (Circle One):

Residential      Commercial      Roll-Off      Storage Box      Other

Name:      Last \_\_\_\_\_      First \_\_\_\_\_

Service Address: \_\_\_\_\_

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

Type of building: Stick built / Modular: Singlewide / Doublewide / Triplewide Apartment / Office Building Other: _____
Color: _____ Trim: _____
If house # is not posted Provide additional info/description: _____

Mailing Address: \_\_\_\_\_

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

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

Driver License # \_\_\_\_\_ State Issuing DL \_\_\_\_\_

State ID \_\_\_\_\_ State Issuing ID \_\_\_\_\_

DOB \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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### Office Use Only

Service Day: \_\_\_\_\_ Route: \_\_\_\_\_

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

Payment Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Check # \_\_\_\_\_ CC: \_\_\_\_\_

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