



2335 Quincy, Dallas, Texas 75212
 972-283-8ORR(8677)
 972-283-3656 fax

SERVICE AGREEMENT

NON-HAZARDOUS WASTES

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> New Customer | <input type="checkbox"/> Permanent | <input type="checkbox"/> Increase Service | <input type="checkbox"/> Price Increase |
| <input type="checkbox"/> Current Customer | <input type="checkbox"/> Temporary | <input type="checkbox"/> Decrease Service | <input type="checkbox"/> Price Decrease |
| <input type="checkbox"/> Ownership Change | <input type="checkbox"/> Info Change | Effective Date _____ | |
| <input type="checkbox"/> Reason Code | <input type="checkbox"/> Sales Rep.# | Account # _____ | |

ACCOUNT NAME _____

SERVICE ADDRESS _____

CITY, ZIP _____

COUNTY _____

TEL# _____ FAX# _____

CONTACT _____

TITLE _____

BILLING NAME _____

BILLING ADDRESS _____

CITY, ZIP _____

COUNTY _____

TEL. # _____ FAX # _____

CONTACT _____

EQUIPMENT/SERVICE SPECIFICATIONS

	Loc	System	Quantity	Size	Lids	Wheels	Lock	Frequency	On Call	Schedule & Route No.							Charge(s)			
										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift		
NEW										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift	<input type="checkbox"/>	
										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift	<input type="checkbox"/>	
										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift	<input type="checkbox"/>	
										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift	<input type="checkbox"/>	
Map Code / Driver Notes:																	\$	Total	Month Lift	<input type="checkbox"/>
OLD										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift	<input type="checkbox"/>	
										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift	<input type="checkbox"/>	
										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift	<input type="checkbox"/>	
										Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	\$	Month Lift	<input type="checkbox"/>	
										NET CHANGE							\$		Month Lift	<input type="checkbox"/>

SPECIAL INSTRUCTIONS _____

DRIVER INSTRUCTIONS _____

SCHEDULE OF CHARGES

Service Charge per Month	\$ _____
Casters/Locks	\$ _____
Extra Pick-up Charges: Per Lift	\$ _____
Per Yard	\$ _____
Per Ton	\$ _____
Hauling per Load	\$ _____
Disposal per Load	\$ _____
Total per Load	\$ _____
Delivery Charge	\$ _____
Scheduled Charge	\$ _____
Trip Charge	\$ _____
Removal Charge	\$ _____
City Container Fee / Franchise Fee	\$ _____
TOTAL	\$ _____

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF CUSTOMER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE TERMS AND CONDITIONS OF THIS AGREEMENT, ON REVERSE SIDE, AND THAT HE/SHE HAS THE AUTHORITY TO SIGN ON BEHALF OF CUSTOMER.

CUSTOMER:

CONTRACTOR:

 (AUTHORIZED SIGNATURE)

 (AUTHORIZED SIGNATURE)

 (TITLE)

 (DATE)

 (DATE)

NAME (PRINT OR TYPE) _____

WHITE - OFFICE

CANARY - CUSTOMER

PINK - SALES