

NEW GARBAGE COLLECTION
ACCOUNT INFORMATION

Last Name	
First Name	
Service Address	
Billing Address: Street -----	
City, State Zip -----	
Telephone (Home)	
Telephone (Cell)	
Telephone (Work)	
Email Address	
Number of Carts Needed	

FOR OFFICE USE ONLY:		
New Property/Existing Property: _____		
Old Account Number (For tracking purposes of existing properties): _____		
New Account Number: _____		
New Account Date: _____		
Deposit Amount:		_____
Monthly Fee:		_____
Total Received for Initial Account Set Up:		_____
Payment Method:		
Cash	Check # _____	Credit Card