



Business Service

New Customer Information / PH: (775) 372-1444 / FAX: (775) 727-5832

Date: _____

Type of Service: <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

Service Address: _____
City: _____ State: _____ Zip: _____
Type of Building: 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: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: H: _____ W: _____ C: _____

Customer Signature: _____ **Date:** _____

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

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: _____