



471-825 Diane Drive / PO Box 270780
Susanville, CA 96127
Ph: (530) 252-1200 / Fax: (530) 252-1255

Business Customer Service Information

Date: _____

Type of Service: **Cart** **Bin** **Roll-Off** **Recycling Only** **Other:** _____
(Please Circle)

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: _____
(Please Circle) **Color:** _____ **Trim:** _____
If NO ADDRESS is posted, please provide additional info: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Customer Signature: _____ **Date:** _____

E-Statements: Please check if you would like to have your statements emailed instead of mailed. _____
(Please Initial)
Email Address: _____
(Please print clearly)

OFFICE USE ONLY

CREDIT CARD INFORMATION/TYPE: Visa MasterCard Discover AMEX
Credit Card #: _____ Exp. Date: ____ / ____ AMT Paid: \$ _____

Service Day(s): Mon Tue Wed Thur Fri

Route: C01 C02 C03 R01 R02 R03 B1

Service Type: _____

Cross Street: _____

Payment Amount: \$ _____

Entered by: _____