



471-825 Diane Drive. / PO Box 270780  
Susanville, CA 96127  
Phone: (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

**Service Day(s):** Mon Tue Wed Thur Fri

**Route:** C01 C02 C03 R01 R02 R03 B1

Service Type: \_\_\_\_\_

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

Payment Amount: \$ \_\_\_\_\_

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

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