



### Business Service

New Customer Information / PH: (530) 252-1200 / FAX: (530) 252-1255

Date: \_\_\_\_\_

<b>Type of Service:</b> <small>(Please Circle)</small>	Cart	Bin	Roll-Off	Recycling Only	Other _____
---	------	-----	----------	----------------	-------------

Business Name: \_\_\_\_\_ Tax ID#: \_\_\_\_\_ - \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord/Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_ Self-Owned

<p>Service Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p><b>Type of Building:</b> Office Building / Apartment / House / Modular: (Single/Double/Triple) / Other: _____ <small>(Please Circle)</small></p> <p>Color: _____ Trim: _____</p> <p>If address # is not posted, please provide additional info/description: _____</p>
---

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

#### 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: \_\_\_\_\_