



APPLICATION FOR NEW COMMERCIAL SERVICE

One form of identification is required, must be a photo ID

New Service Start Date Requested _____ Move in Date _____

Name of Business _____

Service Address _____

Billing Address, if different _____

_____ Tax I.D. # _____

Owner Legal Name: First _____ MI _____ Last _____

Owner Home Phone _____ SS# _____ Date of Birth _____

Business Partner Name _____ Phone _____ SS# _____

Manager Name _____ Their Cell _____

Emergency Contact Name _____ Phone _____

This question for Multi-Unit Living Facilities Only: Do you want a \$5.65 per living unit per month ambulance membership added to your monthly bill? Yes _____ No _____

SANITATION REQUIREMENTS

Trash Container Size _____ # of Containers _____ Pickup Days _____

Weekly Pick-ups	95-Gallon Cart	2-Yard Dumpster	4-Yard Dumpster	6-Yard Dumpster	8-Yard Dumpster
1	\$20.47	\$48.38	\$75.54	\$97.59	\$131.58
2	\$25.99	\$66.02	\$111.36	\$159.45	\$208.16
3	\$31.65	\$83.45	\$145.49	\$201.65	\$255.18
4	\$40.06	\$105.18	\$177.55	\$243.56	\$307.63
5	\$50.40	\$126.12	\$206.50	\$280.86	\$355.50
6	\$65.01	\$162.34	\$259.30	\$325.50	\$446.30

I understand that an activation fee will be added to my first monthly bill. I hereby certify that all the foregoing information is truthful and accurate. I understand that failure to pay my bills will result in my service being terminated. I further understand that failure to pay my final account balance will result in my account being turned over to a bad debt system. I understand I will be responsible for all additional collection charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Signature _____ Date _____

Office use only:

Deposit Paid \$ _____ Cash/Check # _____ Receipt # _____ Account # _____