



650 Martin Avenue - Santa Clara, CA 95050
 408/970-5100 408/588-1102 Fax
 An Employee Owned Company

Owner/Manager _____ Telephone _____

Complex Name _____

Service Address _____

City _____ Zip _____ Cross Street _____

Contact Person _____ Telephone _____

Quantity	Capacity	Material(s)	Service Day

Billing Information	Account Number _____
Name of billing Party _____	
Mailing Address _____	
City _____	State _____ Zip _____
Telephone _____	Fax _____
Number of Units _____ x Charge per Unit \$1.20 = Monthly Cost \$ _____	

Comments: _____

Prepared by: _____ Carts Delivered _____ Start Date _____

Customer agrees not to allow any scavenging of recyclable materials from customer's premises. I have read, understand and agree to the terms and conditions and any attached addenda to this agreement and I have received a copy of the same.

Customer Signature _____ Date _____