

Southern Sanitation

P.O. Box 333 • Laredo, Texas 78042
 (956) 723-3333 • Fax (956) 723-7775

SERVICE AGREEMENT

Non-Hazardous Waste

Customer Acct No.
Effective Date

Account Name _____
 Service Address _____
 City, ST, Zip _____
 Telephone: _____ Fax: _____
 Contact: _____

Billing Name _____
 Billing Address _____
 City _____ State _____ Zip _____
 Telephone: _____ Fax: _____
 Email: _____

EQUIPMENT AND SERVICE

Quantity	Size	Frequency	Scheduled Pickup Days					
			<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.
			<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.
			<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues.	<input type="checkbox"/> Wed.	<input type="checkbox"/> Thurs.	<input type="checkbox"/> Fri.	<input type="checkbox"/> Sat.

SPECIAL INSTRUCTIONS:

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF CUSTOMER, ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE TERMS OF THIS AGREEMENT ON REVERSE SIDE AND THAT HE/SHE HAS THE AUTHORITY TO SIGN ON BEHALF OF CUSTOMER.

CUSTOMER

(Authorized Signature)
 Name (Print) _____
 Title _____
 Address _____
 TDL # _____ Date _____
 TIN: _____

SERVICE CHARGES

Service Charge per Month \$ _____
 Landfill Charge \$ _____
 Extra Pickup Charge \$ _____
 Fuel Surcharge \$ _____
 Delivery Fee \$ _____
 All service charges are plus tax: 8.25% + \$1.00/ton administration fee

SOUTHERN SANITATION

(Authorized Signature)
 Name (Print) _____
 Date _____