Pullman Disposal Service
135 NW Harold Dr., PO Box 619
Pullman, WA 99163 509-334-1914
Fax: 334-5268

Commercial Service Agreement

Please Print:
Customer's Name _____
First Middle Last

If Business, primary person responsible _____
First Middle Last

Service Address_____
(The actual physical location of the can(s) may be different than this address. It may be necessary to place your trash on a city street, an alley way or any other agreed location between collector and customer.)
Mailing Address (if different) _____
Employer_____ E-mail Address_____

Work phone number_____ Secondary phone number_____
Have you ever had service with us? ____
If yes, name account was under and service address_____

Read & Sign: I hereby authorize collection service at the above address. If I should move, I authorize this agreement to be valid at the new residence. Everything I have filled in is true and complete to the best of my knowledge. I promise to pay for the collection service. I agree to pay all collection agency fees, attorney fees, court costs and any other out of pocket costs, if I should default.

Signature_____ Date_____

Start date:_____

Size of Container:_____ **Delivery Date:_____**

Location of Container:_____

PDS
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