

Pullman Disposal Service
135 NW Harold Drive, PO Box 619, Pullman, WA 99163
509-334-1914
contact@pullmandisposal.com

Service Agreement

Please Print:

Customer's Name _____
 First Middle Last

Additional Contact _____
 First Middle Last

Service Address _____

Mailing Address (if different) _____

Primary phone number _____ Secondary number _____

E-Mail Address _____ Check box for paperless billing

Have you ever had service with us in your name? _____
If yes, name account was under and service address _____

Circle all that apply: *Resident, Owner, Landlord, Manager*. Are you paying for more than one unit? _____
Please check one: House/Single Residence _____ Duplex _____ Tri-plex _____ Four-plex _____

If you are within city limits, do you have a recycling cart? _____ If not, do you want one? _____

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 can(s) — check one 1-32 gal can/rollcart _____ 64 gal cart (2 Reg. Cans) _____ 96 gal cart (3 Reg. Cans) _____ For smaller can sizes, contact the office.

Start Date _____ Optional Yard Waste Collection (Additional Charge) Size of can — check one 64gal _____ 96gal _____
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