

Pullman Disposal Service  
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Pullman, WA 99163  
509-334-1914  
Fax # 334-5268  
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**SERVICE AGREEMENT FOR BIOHAZARDOUS INFECTIOUS WASTE COLLECTION**

1. First scheduled pickup date \_\_\_\_\_

2. Pickup location \_\_\_\_\_

3. Number and size of BHW storage containers:

\_\_\_\_\_

4. Customer Information:

Client Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent, Client

Date \_\_\_\_\_