

PULLMAN DISPOSAL SERVICE, INC.

PO BOX 619

PULLMAN,WA 99163

(509) 334-1914 contact@pullmandisposal.com

BILL STUFFERS

We _____ (organization) agree to provide _____ (number) stuffers for the billing that will be mailed at the first part of _____ (month). These stuffers need to be delivered to the Pullman Disposal Office by the 1st of the month before the billing. These stuffers must be no larger than 3 inches by 4 inches. Stuffers larger than this will be rejected and the fee will not be refunded. The fee for this is _____. This form must be completed and returned WITH THE PAYMENT by _____ or your space will not be saved. We will not bill you, so payment must be received by the above deadline.

Agreed to and accepted by _____

Phone _____

Date
