



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

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: _____