

Pullman Disposal Service P.O.  
Box 619  
Pullman, WA 99163  
509-334-1914  
Fax # 334-5268  
Email: contact@pullmandisposal.com

## **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 \_\_\_\_\_