

Burns Refuse Service

New Customer Order Form

Account Number: _____

Route Book: _____

Charges in Computer: _____

Input in Computer: _____

Name: _____

Street: _____

City: _____ **State** _____ **Zip** _____

Home Phone: _____ **Cell Phone** _____

Federal Tax I.D.: _____

Email: _____

****NEW SERVICE****

(Must pay 2 months in advance to start service)

RESIDENTIAL SERVICE:

Amount Paid: _____ **Cash/Check/M.O.** **Type of Service:** _____

Starting Date: _____ **Pick-Up Day:** _____

*****PLEASE SIGN TO CONFIRM THAT YOU READ AND UNDERSTAND THE RULES AND
INFORMATION PROVIDED TO YOU*****

Signature: _____ **Date:** _____