

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 _____

Soc.Sec.Num: _____ Driver's License #: _____

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: _____