

Burns Refuse Service
New Customer Order Form

ACCOUNT NUMBER _____

Route Book: _____

Charges in Computer: _____

Input in Computer: _____

Name: _____

Street: _____

City: _____

Billing Address: _____

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

Phone: _____ **Cell Phone:** _____

Fed Tax ID# _____

Email _____

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

Start Date: _____ Pick Up Day: _____

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

Signature: _____ **Date:** _____