

**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** _____

Home Phone: _____ **Cell Phone:** _____

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

Email _____

****NEW SERVICE****

(Must pay 2 MONTHS in advance to start service)

RESIDENTIAL SERVICE:

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:** _____