



COMMERCIAL SERVICE AGREEMENT

Fax this document to 866-895-0620

Service Start Date: _____

Full month billing irrespective of effective date.

Billing Name:		Main Phone		Business Fax	Years in Business
Mailing Address:	City	State	Zip	Contact Name	
Email:				Billing Contact	
Service Address:	City	State	Zip	Billing Phone	
Driver's License #	Federal Tax ID (Business only)			Business License	

- * All billing is done by email
- * **All rental fees and services are billed 30 days in advance**
- * Invoice generated on the 1st for following month's service. **TERMS: NET 30th**
- * Service begins only after initial payment is received by Delta Environmental Services, LLC
- * Services will be terminated and dumpsters pulled immediately for all delinquent accounts
- * A reinstatement fee and delivery charge will be required before service is resumed (see Tariff Section 200.5.15) INT _____

Pick-up Schedule	QTY.	Sizes	Monthly Rental Charges	Placement instructions
<input type="checkbox"/> Monthly		<input type="checkbox"/> Dumpster: 2 yd.	\$15	
<input type="checkbox"/> Twice Monthly		<input type="checkbox"/> Dumpster: 4 yd.	\$35	
<input type="checkbox"/> Weekly		<input type="checkbox"/> Dumpster: 6 yd.	\$50	
<input type="checkbox"/> 2x-weekly		<input type="checkbox"/> Dumpster: 8 yd.	\$65	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Dumpster: Other	\$ _____	

Property Type: Rental Property Commercial/Business

Senior / Military Discount: No Yes

Zone A Zone B Zone C

Dumpster (Front Load) Container Charges

Monthly Service Charge	\$	Delivery Fee:	\$
On-Demand Empty Charge	\$	Rental Fee:	\$
Locking Device	\$	Other Charges	\$
Variable Surcharge	\$	Monthly Total	\$



SPECIAL TERMS, INSTRUCTIONS, SERVICES COMMENTS, SPECIAL WASTES:

The customer is responsible for maintaining the container's accessibility, any container overfills, and damage and/or vandalism to container while on service site. A fuel surcharge, disposal surcharge, and Regulatory Commission charge may be assessed as warranted. The undersigned affirms that the information on this service agreement is true and correct. INT _____

Authorized Signature: _____

Printed Name: _____ Date: _____

Below to be filled out by Office Personnel Only:

Processing Representative: _____ Date Processed: _____

Government issued I.D. on File? Y / N

Describe method of discount verification? Military ID Veteran ID DD 214 Other _____

Eligible for Warm & Clean at time of sign up? Y / N