



● SERVICE AGREEMENT ●

Customer Service Representative: _____

Billing Name		Main Phone		Fax	Yrs. In Bus.
Mailing Address	City	State	Zip	Contact Name	Phone #
E-mail Address		State	Zip	Alternate Contact	
Service Address	City	State	Zip	Alt Phone #	
Driver's License #	Federal Tax ID #			Business License #	
<input type="checkbox"/> Individual		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporation	

COMPLETE THIS SECTION IF INDIVIDUAL / PROPRIETOR

Name	Home Phone
Employer	Work Phone
Home Address	

COMPLETE THIS SECTION IF CORPORATION

Name of Officers	Title

Pick-Up Schedule

Deposit Charges

Delivery / Placement Instructions

<input type="checkbox"/> On Demand <input type="checkbox"/> Weekly* * dumpsters only	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Roll-Off: 10 - 12 CY</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td><input type="checkbox"/> Roll-Off: 15 - 40 CY</td> <td style="text-align: right;">\$300</td> </tr> <tr> <td><input type="checkbox"/> Dumpster: Weekly</td> <td style="text-align: right;">2 mo svc & rent</td> </tr> <tr> <td><input type="checkbox"/> Dumpster: On-Demand, 2.6 - 4.0 CY</td> <td style="text-align: right;">\$200</td> </tr> <tr> <td><input type="checkbox"/> Dumpster: On-Demand, 6.0 - 8.0 CY</td> <td style="text-align: right;">\$300</td> </tr> </table>	<input type="checkbox"/> Roll-Off: 10 - 12 CY	\$200	<input type="checkbox"/> Roll-Off: 15 - 40 CY	\$300	<input type="checkbox"/> Dumpster: Weekly	2 mo svc & rent	<input type="checkbox"/> Dumpster: On-Demand, 2.6 - 4.0 CY	\$200	<input type="checkbox"/> Dumpster: On-Demand, 6.0 - 8.0 CY	\$300
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- REQUIRED -

Roll-Off / Compactor Unit Charges

Haul Fee: Transfer Site: \$	Delivery Fee: \$
Haul Fee: Landfill: \$	Rental Fee: \$
Haul Fee: Recycle Center: \$	Disposal Fee: \$
Variable Surcharge: \$	Other Charges: \$

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 any container overfills, landfill tipping fees, and damage to container while on service site. A fuel surcharge, disposal surcharge, and Regulatory Commission charge may be assessed as warranted. The undersigned affirm that the information on this service/credit application is true and correct, and authorizes Alaska Waste to obtain a credit report of information from any source required for processing this account. If the account should become delinquent, the undersigned accepts responsibility for any cost incurred in attempts to collect, including, but not limited to any agency or collection fees.

Authorized Signature: _____ Date: ____/____/____

Printed Name: _____ Title: _____

Waste Connections dba Alaska Waste • www.alaskawaste.com
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 2400 Polar Bear Dr. • Wasilla, AK 99564 • (907) 376-2158 • Fax (907) 376-1632
 3941 Easy St. • Fairbanks, AK 99701 • (907) 452-2009 • Fax (907) 452-2030
 47323 Merrywood Ave. • Soldotna, AK 99669 • (907) 283-9390 • Fax (907) 262-4370
 1621 Mill Bay Rd. • Kodiak, AK 99615 • (907) 486-5308 • Fax (907) 486-2300