CITY OF ALLEN TEMPORARY OPEN TOP ORDER SHEET

PLEASE FAX/MAIL THIS COMPLETED FORM TO:

Community Waste Disposal.com
2010 California Crossing Road, Dallas, Texas 75220-2310 | Telephone 972.392.9300 / Fax 1.855.724.0368

Billing Information This agreement is between Community Waste Disposal, L.P. and:		al, L.P. and:	Service Location (Container Delivery Address) If you are a contractor, please furnish job name below:		
Customer Nam	e				
Address					
City/State/ZIP_			/	/ ne/contact information below)	
Phone (()	ne/contact information below)	
Contact					
	Form must be received by C	CWD at least two (2) b	usiness days prior to de	sired delivery date.	
	ery Date/		Number of Hauls		
Detailed Descr	iption of Container Placement:				
CWD will haul t When the conta Otherwise the en \$ 126.18 \$ 163.51 \$ 48.10 \$ 572.19 \$ 609.56 *Plus a conveni American Exp Note: Additional	he equipment to an approved landfill wi	P REQUESTS MUST WD to discuss dispose thin the North Texas Must r must specify when cal "This Recy upor is no ard, or Discover = 3.0% ged on card. E-Checks er six (6) tons. e not included. Communication	INCLUDE CONTAINAL OF A CONTAINAL OF	MER NUMBER. atterials. dispose of the Class I Refuse. WD is to pick up and keep the container. Customer's compliance with CWD's Trash and of which may be obtained from the Company be responsible for any damage when Customer ND Trash and Recycling Guidelines." arged on card. renience Fee as are NET 30.	
	and all obligations of the part	ies created hereunde	r are performable in I	Dallas County, Texas.	
	er Acceptance (signature)				
Custome	er Name (print)		Date _		
		Credit Department	Approval		
	of Credit:				
Please Check Pro	e-Payment Method: Cash/Check	VISA/MC/DS	CVR AMX	Established Line of Credit	
Signature:		CVV# (3-digit security code on back of card) Expiration Date Date			
Print Name: Approved Line o	of Credit (Application must be submitted	l): \$	I itle		