

J. P. WASTE MANAGEMENT, LLC

WEEKLY GARBAGE PICKUP

CUSTOMER INFORMATION

CUSTOMER NAME:	
PHONE NUMBER:	SECONDARY:
() -	() -
BILLING ADDRESS:	TOWN STATE ZIP
DELIVERY ADDRESS:	TOWN STATE ZIP
BILLING PREFERENCE:	<input type="checkbox"/> PAPER <input type="checkbox"/> EMAIL
EMAIL ADDRESS: (OPTIONAL IF USING PAPER BILLING)	
AUTOMATIC PAYMENT OPTION: (NOT REQUIRED)	
CARD NUMBER	
EXP	
CSC	
ZIP	
SIZE: <input type="checkbox"/> 96 GALLON, ID:	<input type="checkbox"/> 64 GALLON, ID:
START DATE:	

PLEASE SEND TO:

J. P. WASTE MANAGEMENT, LLC

31 BURGOYNE RD

TICONDEROGA, NY 12883

OR

JENNA@JPWASTEMANAGEMENT.COM