



Schedule 1
Trash Valet Service Agreement

Account Number:

Property Name/Contact: _____

Billing Address: _____

_____ Email _____ Fax _____ Mail

Phone: _____ Fax: _____

Owner: _____ Management Company: _____

Property Name: _____

Property Address: _____

Property Phone: _____ Fax: _____

Property Contact: _____

SERVICE DESCRIPTION

# of Trash Valet Pick Up Nights per Week	Designated Service Nights	# of Resident Containers	New Construction	Expected Date of Occupancy
		0		

SCHEDULE OF CHARGES

Term	Total # of Units*	Trash Valet Service Fee per Month
		\$

* If any units are added by Client in the future, total monthly charges will be adjusted accordingly.

This is a legally binding contract and Contractor agrees to provide and Client agrees to accept the services and equipment at the charges and frequency indicated on this Agreement subject to the terms and conditions specified herein and the accompanying Trash Valet Service Agreement.

Client Name: _____

Print Name: _____

Title: _____

Date: ____/____/____

Contractor Name: Trash Pirate Valet Service, LLC

Print Name:

Title:

Date: ____/____/____