



Start Service Form

Name _____

Address _____

Start Date (circle)

City _____

Jan Feb Mar Apr May June

Phone ____ - ____ - _____

July Aug Sept Oct Nov Dec

Email Address _____ @ _____

Start 1st 2nd 3rd 4th Week

Current Trash Hauler Waste Management

Trash Taxi Quoted Rate \$ 11.99 x 3 DUE AT SIGNING, PAYABLE EACH QUARTER

Mail the completed form along with first quarter payment to:

Trash Taxi P.O. Box 2764 Cartersville, Ga. 30120

Termination of Service

Name _____

Account number _____

Address _____

City _____

Thank you for your previous service. I am discontinuing service with your company as of _____ date. Please pick up your trash can and refund any money for services not rendered to the above address.

Signature _____

Date _____