CLIENT CONTACT INFORMATION: Submittal Date:

ORGANIZATION NAME:	
CLIENT CONTACT:	
TITLE:	
ADDRESS:	
CITY, STATE, ZIP:	
PHONE NUMBER:	
FAX NUMBER:	
EMAIL ADDRESS:	
TYPE OF BUSINESS:	
MULTIPLE LOCATIONS (Y/N):	
DOCUMENT COLLECTION CONTACT:	
PHONE NUMBER:	
EMAIL ADDRESS:	

REQUIRED DOCUMENT COLLECTION:

Please provide the following documents with submittal and check the box if applicable.

LOA (signed/dated on client letterhead)		
SOW (signed/dated)		
Excel Spreadsheet (with all locations)		
Copies 3 Months Bills:	Solid Waste	
	Medical Waste	
	Document Shredding	
	Grease	
	Other:	
Copies 3 Months Bills:		
	Recycling	
	Recycling Rebate Report	
Copies of Vendor service agreements:		

SALES REP/ADVISOR:

NAME	
EMAIL	
CONTACT PHONE NUMBER	