

Enrollment Form

Business Name: _____
Contact First Name: _____
Contact Last Name: _____
Contact Title: _____
Phone: _____
Fax: _____
E-mail: _____
Service Address: _____
Oakland, CA 94_____
Billing Address (if different) _____

<u>Container:</u>	<u>Price per month:</u>	<u>Quantity:</u>
<input type="checkbox"/> 18-gallon TUB	\$8.00 per month per tub	1 <input type="checkbox"/> 2 <input type="checkbox"/>
<input type="checkbox"/> 64-gallon CART	\$7.50 per month per cart	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
<input type="checkbox"/> 96-gallon CART	\$10.00 per month per cart	1 <input type="checkbox"/> 2 <input type="checkbox"/>

Pre-paid 40-gallon bags:

- 10 bags \$50
 20 bags \$100

I, the undersigned, am authorized by my organization to enter into this agreement and hereby agree to receive service, to be invoiced at the above service address (or billing address, if different) for services, and to pay invoices to **Waste Management of Alameda County**.

Signature

Date

Name and Title (printed)

Return completed form to: **Waste Management of Alameda County**
172-98th Avenue, Oakland, CA 94603
Phone: 510-613-8796 Fax: 510-562-2458