

<u>CLIENT CONTACT INFORMATION:</u>	Submittal Date:
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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:	

<u>REQUIRED DOCUMENT COLLECTION:</u>
<i>Please provide the following documents with submittal and check the box if applicable.</i>

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:	

<u>SALES REP/ADVISOR:</u>
NAME
EMAIL
CONTACT PHONE NUMBER