



ACCOUNT INFORMATION FORM

Effective Date:
Submitted by:

GENERATOR				INVOICE / BILL TO			
Name		Name					
Address		Address					
City		City					
State		State					
Zip		Zip					
EPA ID#		EPA ID#					
Contact		Contact					
Title		Title					
Phone		Phone					
Fax		Fax					
Cell		Cell					
Email		Email					
SERVICE SITE & CONTACT				MANIFEST MAIL TO			
Name		Name					
Address		Address					
City		City					
State		State					
Zip		Zip					
EPA ID#		EPA ID#					
Contact		Contact					
Title		Title					
Phone		Phone					
Fax		Fax					
Cell		Cell					
Email		Email					
Receiving Hours		<i>Specific Instructions for Treatment of Waste</i>					
Preferred Service Time							
Preferred Service Day							
Lift Gate Needed?							
Drum Dolly Needed?							
Pallet Jack Needed?		<i>Specific Instructions for Transport of Waste</i>					
Can Accommodate Large Trailer?							
Special Instructions for Service:							
<input type="checkbox"/> CREDIT APPLICATION has been SENT TO the CLIENT. <input type="checkbox"/> SERVICE REQUEST has been SENT to TSR. <input type="checkbox"/> COMPLETED & SIGNED CREDIT APPLICATION ATTACHED <input type="checkbox"/> Customer will require GEMWARE access. <input type="checkbox"/> SERVICE AGREEMENT has been SENT to the CLIENT. <input type="checkbox"/> SIGNED SERVICE AGREEMENT ATTACHED <input type="checkbox"/> QUOTATION has been SENT TO the CLIENT. <input type="checkbox"/> SIGNED QUOTE ATTACHED <input type="checkbox"/> WASTE PROFILE has been SENT TO the CLIENT. <input type="checkbox"/> SIGNED PROFILE ATTACHED							
<i>Project Manager</i>							
Name		Name					
Address		Address					
City		City					
State		State					
Zip		Zip					
EPA ID#		EPA ID#					
Contact		Contact					
Title		Title					
Phone		Phone					
Fax		Fax					
Cell		Cell					
Email		Email					