



243 Rubisch Road Ebensburg, Pennsylvania 15931  
(814) 736-3631 Fax (814) 736-3112

**PLEASE PROVIDE THE FOLLOWING INFORMATION**  
**(Please print clearly)**

## **NEW CUSTOMER FORM**

Start Date: \_\_\_\_\_

Name: \_\_\_\_\_ Owner \_\_\_\_\_ Tenant \_\_\_\_\_ Property Manager \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **BILLING ADDRESS (if different than above):**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **OWNER INFORMATION (if different than above):**

Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Property Manager: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE**



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## AUTOMATIC CREDIT CARD / BANK ACCOUNT BILLING AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic billing or calling in a payment, simply complete the form for type of payment information you would like to use. All requested information is required. Upon approval, we will based on your selection, automatically bill your credit card or bank account or opt to keep your credit card or bank account on file for ease of calling in a payment. You may cancel automatic billing authorization at any time by contacting us.

### Customer Information:

_____	_____
Customer Name	Phone Number
_____	_____
Service Address	Email address

I authorize Pro Disopsal, Inc. to automatically bill the card or bank account below:

**NOTE: To End Billing, customer must provide written cancellation.**

### BILLING INFORMATION

CREDIT CARD INFORMATION (Charge for the 1 <sup>st</sup> Quarter):		<input type="checkbox"/> Do Not Save to File	<input type="checkbox"/> Save to File	<input type="checkbox"/> AutoPay
Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Card Number:	_____			
Expiration Date:	_____ Security Code (on back): _____			
Credit Card Billing Address	_____			
	Street	City	State	
Cardholder's Name (as shown on Credit Card)	_____			
	Zip Code			
BANK ACCOUNT INFORMATION (Charge for the 1 <sup>st</sup> Quarter):				
		<input type="checkbox"/> Do Not Save to File	<input type="checkbox"/> Save to File	<input type="checkbox"/> AutoPay
Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	- Bank Name: _____	
Routing Number:	_____		Account Number	_____
CUSTOMER SIGNATURE	_____			