



713 Mountain Avenue Portage, Pennsylvania 15946
(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 1st Quarter): Do Not Save to File Save to File AutoPay

Type: Visa Mastercard Discover 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 1st Quarter): Do Not Save to File Save to File AutoPay

Account Type: Checking Savings - Bank Name: _____

Routing Number: _____ Account Number _____

CUSTOMER SIGNATURE _____