



Customer Information:

Name: _____

Service Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Billing Address (if different from Service Address):

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Day of the Week for Collection: (OFFICE USE)

Monday Tuesday Wednesday Thursday Friday

Preferred Start Date: ____/____/____

(Please provide at least 48 hours notice for scheduling)

Pricing and Discounts:

Please select your pricing plan:

Month-to-Month: \$25 *\$22 *discounted*

Quarterly (every 3 months): \$70 *\$65 *discounted*

Annual: \$260 *\$240 *discounted*

Please check if you qualify for a discount: Please provide proof of discount eligibility

Active Duty Military **Police** **Fireman** **EMS** **Disabled Veteran** **Active Church Member**

55 Years Old+

Payment Information:

() **Credit Card** (Please provide credit card details below) *subject to 3.5% convenience fee

() **Pay by Check**

() **Online Payment** (provide email for invoice) **Email:** _____

Credit Card Information:

Cardholder Name: _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date (MM/YY): ____/____

Security Code (CVV): _____

Terms and Conditions:

By submitting this invoice, I agree to the "Terms and Conditions" of Stahlman's Waste Collection Services LLC.

Signature: _____ **Date:** ____/____/____

Please send your payment along with the completed invoice to 8207 Rt 536 Punxsutawney, PA 15767. Alternatively, call our customer service at 814-952-6686 to arrange phone payment.



Contact:

1-(814)-952-6686 Stahlmanswcs@gmail.com **Mailing Address:** 8207 Rt 536, Punxsutawney, PA 15767