

# Service SELECTION FORM

Earthwise Industries, Inc.

NAME		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE	FAX	
CONTACT PERSON(S)		
OFFICE HOURS		
LUNCH HOURS: _____	<input type="checkbox"/>	DO NOT CLOSE FOR LUNCH

## Scheduling selection:

**NON-SCHEDULED** (Fax *Scheduling Form* **EACH TIME** a pick-up is needed.)

**SCHEDULED** (Regularly set pick-up interval)

WEEKLY

Bi-WEEKLY

MONTHLY

## Payment method:

CREDIT CARD

CHECK

FAX THIS FORM TO **770-978-1833**

*Thanks*

\* C \* required to begin service