

Customer Information Form

Name of Business:

Owner(s)/Manager(s):

Business Address:

City:

State:

Zip:

Phone:

E-mail Address:

Contact Person(s):

Total number of Business that will utilize Landfill:

Truck Model: <input type="text"/>	Description: <input type="text"/>
Truck Model: <input type="text"/>	Description: <input type="text"/>
Truck Model: <input type="text"/>	Description: <input type="text"/>
Truck Model: <input type="text"/>	Description: <input type="text"/>
Truck Model: <input type="text"/>	Description: <input type="text"/>
Truck Model: <input type="text"/>	Description: <input type="text"/>
Truck Model: <input type="text"/>	Description: <input type="text"/>

Person(s) authorized to sign weigh tickets:

Credit References
(Applies to non-county residents only)

Name	Phone Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Comments: