NEW ACCOUNT FORM

Ph: 949-466-8857
ewastedisposal@gmail.com

Effective Date: _____

Submitted by: _____

GENERATOR

Name:
Address:
City, State, Zip:
EPA ID#:
Contact:
Title:
Phone: Cell:
Fax:
Email:

INVOICE / BILL TO

Name:
Address:
City, State, Zip:
EPA ID#:
Contact:
Title:
Phone: Cell:
Fax:
Email:

SERVICE SITE & CONTACT

Name:
Address:
City, State, Zip:
EPA ID#:
Contact:
Title:
Phone: Cell:
Fax:
Email:
Receiving Hours:
Preferred Service Time:
Preferred Service Day:
Lift Gate Needed?
Drum Dolly Needed?
Pallet Jack Needed?
Can Accommodate Large Trailer?
Special Instructions for Service:

MANIFEST MAIL TO

Name:
Address:
City, State, Zip:
EPA ID#:
Contact:
Title:
Phone: Cell:
Fax:
Email:

Specific Instructions for Treatment of Waste

Specific Instructions for Transport of Waste

- ☐ CREDIT APPLICATION has been SENT TO the CLIENT.
- ☐ SERVICE AGREEMENT has been SENT to the CLIENT.
- ☐ QUOTATION has been SENT TO the CLIENT.
- ☐ WASTE PROFILE has been SENT TO the CLIENT.
- ☐ SIGNED PROFILE ATTACHED
- ☐ SIGNED QUOTE ATTACHED
- ☐ SIGNED SERVICE AGREEMENT ATTACHED
- ☐ COMPLETED & SIGNED CREDIT APPLICATION ATTACHED

- ☐ SERVICE REQUEST has been SENT to TSR.
- ☐ Customer will require GEMWARE access.

Project Manager

Name:
Address:
City, State, Zip:
EPA ID#:
Contact:
Title:
Phone: Cell:
Fax:
Email:

Name:
Address:
City, State, Zip:
EPA ID#:
Contact:
Title:
Phone: Cell:
Fax:
Email: