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| Application for wedding/event totes | | | | | |
| BILLING Information | | | | | |
| Name: | | | | | |
| Phone: | Fax: | E-mail: | | | |
| Billing address: | | | | | |
| City: | | State: | | ZIP Code: | |
| SITE Information | | | | | |
| Site Address: | | | | | |
| City: | | State: | | ZIP Code: | |
| Number of totes needed: | | | | | |
| Credit Information | | | | | |
| Credit Card Billing Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Credit Card Type: Credit Card # Exp. Date: | | | | | |
| Agreement | | | | | |
| 1. Bruno’s Rolloff reserves the right to reject any load containing unacceptable materials and/or hazardous waste. 2. Bruno’s Rolloff reserves the right to charge credit card for any unpaid balances after 60 days of invoicing. | | | | | |
| day of event/notes Signature | | | | | |
|  | | | Title:  Date: | | |

Any questions please don’t hesitate to contact us.