



Combined New Customer & Quote Form

Company Billing Name: _____

Mailing Address: _____

City: _____ WISCONSIN ZIP CODE _____

Primary Contact Name: _____ Title: _____

Contact Phone #: _____ Alternate/Cell #: _____

Primary Contact Email: _____

Accounts Payable Name: _____ Email: _____

Accounts Payable Phone: _____

Preferred First Date of Service: _____

Type of Service: 1xPurge Scheduled Service (Frequency) _____ Other _____

Carts/Bins: Gonzo 95-Gal 65-Gal Console Carts || Quantity _____

Boxes to be Picked Up: Quantity _____ On Skid Not On Skid [Skid delivered by KARD (\$75 add'l)]

Price Quoted: _____ Payment Terms: COD Net 15 Net 30

PO# Required: # _____ PO# Not Required

FOR MULTIPLE LOCATIONS, PLEASE USE MULTIPLE FORMS

ALL PICKUPS & DELIVERIES REQUIRE DOCK OR STREET LEVEL ACCESS

See our website at www.KARDShredding for acceptable and unacceptable items.

Service Location: _____

Contact Name: _____ Phone #: _____

Hrs. of Operation: _____

Other Instructions: _____

By my signing below, I am authorized to establish this new customer relationship with KARD and verify that the above information is true and accurate. This does not constitute a contract.

Date _____

Signature

Print Name _____ Title _____