



E-Z-BILL PAY

Richardson Waste Removal LLC
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Phone:931-433-6634
Fax: 931-438-4416

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

CELL: _____ EMAIL: _____

CHECK ONE OF THE FOLLOWING: Or Call Us With This Info.

Master Card _____ Visa _____ Discover _____ CHECK _____

Credit or Debit Card No: _____ Exp. _____

3 Digit Code _____

Check Info.: Bank Name : _____ Acct.# _____

Routing # _____

THE AMOUNT OF MY PAYMENT FOR GARBAGE PICK-UP \$ _____ MONTHLY

I understand that if the charge is denied by my credit card company, I remain liable for my monthly payment. This agreement is on a month to month basis and either party can cancel at anytime.

Authorized By: _____ (signature) Date: _____