



AGREEMENT FOR HOUSEHOLD GARBAGE SERVICE

The undersigned (the "Customer") hereby agrees to have **BTF Waste LLC** collect household garbage at the service address provided. All services will be required to be paid in full *PRIOR* to services being rendered. Garbage collection will occur on a weekly basis for the designated day in your area. All services must be paid in full by the 20th of the month before collection will occur for the next month and/or time period.

Customer Information:

Name:		E-Mail address:	
Service Address:		Phone:	
City, Town		Driver License #:	
Mailing address:		By submitting this form you agree to receive text message communications regarding your account, route issues and other activities related to your services. You may opt out by replying STOP.	
City	State	Zip	

Initial Appropriate Box(es) Below:

YES – Charge my credit card (agreement attached)

Monthly

Quarterly

Annually

	Monthly	Quarterly	Annual
Garbage Collection	\$38.31	\$112.04	\$436.66
2 Totes	\$62.93	\$185.91	\$755.12
3 Totes	\$87.55	\$273.46	
2 Yard Tote	\$90.29	\$269.45	\$1029.26

Rates are subject to change due to landfill/tax increases.

Totes are the Property of BTF WASTE LLC.

THIS SERVICE AGREEMENT IS EXECUTED AND EFFECTIVE AS OF

_____ Customer Signature

Mail Payment Address: 6397 Hwy 77, Odem, TX 78370

Physical Payment Address: 6401 US Hwy 77, Sinton, TX 78387 (Box on Red Building)



Payments And Communication:

Customer shall pay BTF Waste in full prior to services being performed.

Container:

One Tote container will be provided to each Customer. Additional containers per household may be added with an additional fee of \$20.00/month plus taxes and associated fees.

Service Pick-up:

Garbage service will occur once per week. All containers must be placed in an accessible location from the street for the truck to pick up the tote. Totes must be on street no later than 7:00 AM the day of service. If the truck has serviced your street and your container was not placed properly or in time for the truck service will be delayed to the following week.

If your account has not been paid in full, service will not occur and the tote will be removed from the home.

Damaged totes will be charged at a rate of \$95 per tote. Totes are the property of BTF Waste LLC

Acknowledgement of Terms, Customer Signature

Date

Mail Payment Address: 6397 Hwy 77, Odem, TX 78370

Physical Payment Address: 6401 US Hwy 77, Sinton, TX 78387 (Box on Red Building)

Version 2021.1



Card authorization form

I, _____, give permission to BTFF Waste LLC to charge
Buyer name **Business name**

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

_____ **Amount authorized** _____ **Cardholder email** _____ **Waste Disposal/Hauling**
Product/service

All fields required

Card information

Card type

- MasterCard
- Discover
- VISA
- AMEX
- _____
- Other

_____ **Cardholder** (Name on card)

_____ **Card number** **CVC Code**

_____ **Expiration date** **ZIP code**
(MM/YYYY) (From credit card billing address)

Recurring payments information

Charge every:

Week Month Quarter Other _____

Email receipts

Mail receipts to:

Charge on this date _____
(For example, the 1st of every month)

_____ **Payment amount**

To cancel contact office@btfwaste.com.

_____ **Product/service sold**

Terms of agreement

(Cancellations must be received 30 days prior to expected billing date)

_____ **Customer signature**

ACH Authorization Form

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize _____ (THE COMPANY) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State, & Zip)

(Signature)

(Date)

(Name - PLEASE PRINT)

(Address - PLEASE PRINT)

Set Amount: _____ or Maximum Amount: _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

Ⓜ 1 2 3 4 5 6 7 8 9 Ⓜ 1 2 3 4 5 6 7 8 9 0 1 2 3 Ⓜ
Routing Number Account Number