



Fax 321-409-8267

Office 321-409-6606 Melbourne

Lisa's Cell Number 321-288-5767

FAX COVER

TO:

From: **Lisa Asselin**

LASSELIN@WM.COM

FAX NUMBER:

Jan
3

DATE:

8/30/07

COMPANY:

TOTAL NO. OF PAGES INCLUDING COVER:

2

PHONE NUMBER:

SENDER'S PHONE NUMBER
321-409-6606

RE:

SENDER'S FAX NUMBER
321-409-8267

COMMENTS:

Please review, *fill in blanks, sign, and fax back so I can expedite order timely.*

Thank you,

Lisa



WASTE MANAGEMENT

SERVICE AGREEMENT
NON HAZARDOUS WASTES

SIC Code
Type of Business

WASTE MANAGEMENT
SERVICING BREVARD AND INDIAN RIVER COUNTIES
PO BOX 120189
WEST MELBOURNE, FL 32912-0189
PHONE: 321-723-4455, 321-636-6894, 772-569-1776
FAX: 321-984-8170

WM 19146

CUSTOMER ACCOUNT NO. 891-
REASON CODE MBT
EFFECTIVE DATE 10/12/07

JHeise@CFL.RR.COM

ACCOUNT NAME: Platinum Coast Amateurs
SERVICE ADDRESS: Radio Society
Melbourne Auditor
625 Hibiscus Blvd
Melbourne FL 32901
TEL: (321) 956-2482 FAX: (321) 956-2482
CONTACT: Jan Heise

BILLING NAME: PO Box 1004
BILLING ADDRESS: Melbourne, FL 32902
CITY, ZIP: Melbourne, FL 32902
COUNTY/PARISH:
TEL #: - Same FAX #:
CONTACT: Jan

EQUIPMENT/SERVICE SPECIFICATIONS

Table with columns: Loc, System, Quantity, Size, Lids, Wheels, Lock, Frequency, On Call, Schedule & Route No., Charge(s). Includes rows for POL and HCP equipment.

SPECIAL INSTRUCTIONS: cell-223-2988, All Map.

WM 19146 final price 10/15/07

CUSTOMER DEPOSIT, RENEWABLE YES, TERM 36 MONTHS, P.O. NUMBER, JOB NUMBER, RECEIPT REQUIRED?, TAXABLE, BILL TO ACCT #, DISPOSAL SITE

SCHEDULE OF CHARGES: Service Charge per Month, Casters/Locks, Extra Pick-up Charges, Per Lift, Per Yard, Per Ton, Hauling per Load/Month, Disposal per Ton/Month, Disposal per Load, Total per Load, Delivery Charge, Scheduled Charge, Removal Charge, Trip Charge, Franchise Fees, Minimum Charge per Month

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF CUSTOMER ACKNOWLEDGES THAT HE/SHE HAS READ AND AGREES TO THE TERMS AND CONDITIONS OF THIS AGREEMENT, ON THE REVERSE SIDE, AND THAT HE/SHE HAS THE AUTHORITY TO SIGN ON BEHALF OF THE CUSTOMER.

TERMS: NET 10 DAYS

CUSTOMER (AUTHORIZED SIGNATURE), (TITLE), (DATE), NAME (PRINT OR TYPE)

CONTRACTOR (AUTHORIZED SIGNATURE)