



1613 Wampum Road  
Ellwood City, PA 16117  
(724)758-9400  
www.AIKENREFUSE.com

**TO ALL NEW CUSTOMERS:**

Please help us to maintain complete and accurate records by returning this page with your first payment:

Account Number: \_\_\_\_\_

Account Name:

\_\_\_\_\_

First	Middle Initial	Last
-------	----------------	------

Complete **Billing** Address:

\_\_\_\_\_

House #	Street Name	Apt./Unit #
---------	-------------	-------------

\_\_\_\_\_

City	State	ZIP
------	-------	-----

Complete **Service** Address:

\_\_\_\_\_

House #	Street Name	Apt./Unit #
---------	-------------	-------------

\_\_\_\_\_

City	State	ZIP
------	-------	-----

Housing Plan: \_\_\_\_\_ Borough or Township: \_\_\_\_\_

E-mail Address:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If you live in a rural area, please provide directions from the nearest main road below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_