



CHANGE OF BILLING ADDRESS

(Please complete this form in its entirety, write legibly and return to Bay Disposal.)

Account Information

Customer Name (as it appears on the bill):

Contact Information

Account Name (if different from Customer name on bill):

Bay Disposal Account Number(s):

Current Billing Address:

Current Billing: City /State/Zip

E-Mail:

Telephone:

Please change the following information on my account:

Required Information (current):

Street Address to which service is provided:

City:

State:

Zip:

Changed Information:

New ***Billing*** Street Address:

City:

State:

Zip:

Telephone:

E-Mail:

As evidenced by my signature below, I hereby authorize Bay Disposal Inc. to implement the changes to my account as submitted above.

Authorizing Signature:

Date:

By affixing my signature above, I understand and acknowledge that the changes requested by me herein have no effect on any Agreement upon which all charges to me and due to Bay Disposal are based; that this change of billing address will be implemented by Bay Disposal as rapidly as possible, but in no way shall failure to do so by the Company release me from my obligations under the Agreement in place.