



**SERVICE AGREEMENT**  
NON-HAZARDOUS WASTES  
COMMERCIAL

SIC CODE: 7999  
Temp or Perm PERM

Waste Management of Texas Inc.  
1901 Afton Rd. Houston, TX 77055

Houston San Antonio Rio Grande Valley  
Pasadena Austin Angleton  
Conroe Centex Victoria

Phone: (713) 686-6666 or (800) 800-5804

Sales Rep/Territory #  
WM AGREEMENT NO. \_\_\_\_\_  
CUSTOMER ACCOUNT 717-2369  
REASON CODE \_\_\_\_\_  
EFFECTIVE DATE 3/3/2011

ACCOUNT NAME	HIDALGO COUNTY PCT 2 PARKS		
SERVICE ADDRESS	<u>300 W. Hall Acres Ste G</u>		
CITY, ST ZIP	PHARR	TX /	78577
COUNTY	_____		
TEL #	<u>956-787-1891</u>	FAX #	_____
CONTACT	HORTENCIA GOMEZ		
EMAIL	_____		

BILLING NAME	HIDALGO COUNTY PCT 2 PARKS		
BILLING ADDRESS	<u>300 W HALL ACRES STE G</u>		
CITY, ST	PHARR	TX /	78577
COUNTY	_____		
TEL #	<u>956-787-1891</u>	FAX#	_____
CONTACT	HORTENCIA GOMEZ		
EMAIL	_____		

**EQUIPMENT/SERVICE SPECIFICATIONS**

Loc.	System	Quantity	Size	Lids	Wheels	Lock	Frequency	On Call	Schedule & Route No.							Charge(s)				
N	FL	1	3	-	-	-	1	-	M	X	T	W	H	F	S	U	\$	60.12	Month Lift	<input type="checkbox"/>
E									M	T	W	H	F	S	U		\$		Month Lift	<input type="checkbox"/>
W									M	T	W	H	F	S	U		\$		Month Lift	<input type="checkbox"/>
									M	T	W	H	F	S	U		\$		Month Lift	<input type="checkbox"/>
Map Code/ Driver Notes																			Month Lift	<input type="checkbox"/>
O				-	-	-	-	-	M	T	W	H	F	S	U		\$		Month Lift	<input type="checkbox"/>
L									M	T	W	H	F	S	U		\$		Month Lift	<input type="checkbox"/>
D									M	T	W	H	F	S	U		\$		Month Lift	<input type="checkbox"/>
									M	T	W	H	F	S	U		\$		Month Lift	<input type="checkbox"/>

**SPECIAL INSTRUCTIONS**

**WM AGREEMENT NO.**

COD - EZ PAY CONFIRM#	_____	RENEWABLE	<u>Y</u>
COD - EZ PAY \$	_____	TERM (Months)	<u>36</u>
P.O. NUMBER	_____	BILL TO ACCT #	<u>-</u>
MUNI CODE	_____	DISPOSAL SITE	<u>-</u>
TAXABLE (Y/N)	_____	TAX CODE	_____

SCHEDULE OF CHARGES	
Service Charge per Month*	\$ <u>60.12</u>
Casters/Locks Monthly or one time fee	\$ _____
Extra Pickup Charges	\$ <u>Standard</u>
Per Lift if different than standard	\$ _____
Delivery Charge	\$ _____
Reinstate Charge	\$ <u>Standard</u>
Removal Charge	\$ _____
Trip Charge	\$ <u>N/A</u>
Container Exchange Charge	\$ <u>Standard</u>

\*Prices do not include Taxes, Franchise Fees, Fuel or Environmental Charges

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF CUSTOMER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS 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  
**X**  
\_\_\_\_\_  
(AUTHORIZED SIGNATURE)  
**X**  
\_\_\_\_\_  
(TITLE) (DATE)  
NAME (PRINT OR TYPE) **X**

CONTRACTOR  
\_\_\_\_\_  
(AUTHORIZED SIGNATURE)  
\_\_\_\_\_  
TERRITORY NUMBER  
NAME (PRINT OR TYPE) \_\_\_\_\_