DEPARTMENT OF SOLID WASTE MANAGEMENT
COMMERCIAL SERVICE APPLICATION

(CHECK ONE)	
	NEW CUSTOMER
	EXISTING CUSTOMER
	PREVIOUS CUSTOMER

Customer Information

Name (Personal or Business): _____ Date: _____

Service Address (location): _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____ DL#: _____

Phone: _____ Fax: _____ E-mail: _____

Applicant Name: _____ Phone: _____

☐ Owner ☐ Contractor ☐ Tenant ☐ Other

Commercial Service Request - Indicate Service Type

New Service	Remove Service	Lock Mechanism	Wash & Deodorize	Increase Pick-Ups	Decrease Pick-Ups
☐	☐	☐	☐	☐	☐

Increase Dumpster Size	Decrease Dumpster Size	Open Door Service	Miscellaneous	
☐	☐	☐	☐	_____

Service Description

Date Needed	Dumpster Qty	Dumpster Size	Number of Pick-Ups Per Week	Delivery Address

Have you had prior sanitation services with the City of Edinburg? _____Yes _____No

Deposit is required on all business accounts. Amount varies (may be required to provide additional documents, i.e. tax ID, references)

_____ _____
Applicant (print name) Applicant (signature)

_____ _____
Date SWM Representative

FOR OFFICE USE ONLY

COMMERCIAL SUPERVISOR LOCATION CLEARANCE _____ ENCLOSURE CLEARANCE _____

SIZE _____ FL/SL _____

NOTES: _____

_____

COMERCIAL SUPERVISOR APPROVAL _____ DATE _____

ACCOUNTING: CHARGE ACCOUNT # _____

Previous/Delinquent Balance _____ CLEARED _____

Current Accounts _____ CLEARED _____

ACCOUNTING APPROVAL _____ DATE _____

PLEASE ATTACH THIS REQUEST WITH CONTRACT FOR SERVICES AT ALL TIMES

8601 N. Jasman Rd. - P.O. Box 1079, Edinburg, TX 78541 - 956-381-5635 office - 956-292-2064 fax