



1-888-696-6555
Waste Recycling Systems

1071 Washington St. Weymouth, MA 02189 ♦ Fax 508-866-7218 ♦ www.doctordisposal.com

<input type="checkbox"/> DELIVER	<input type="checkbox"/> REMOVAL	DATE SERVICED: _____	
<input type="checkbox"/> RELOCATE	<input type="checkbox"/> SWAP-IN _____ OUT _____	DUMP LOCATION: _____	DUMP SLIP #: _____
<input type="checkbox"/> HAUL & RETURN	<input type="checkbox"/> C.O.D.	CONT. #: IN _____	CONT. #: OUT _____
<input type="checkbox"/> CHECK # _____	<input type="checkbox"/> PAID \$ _____	DRIVER: _____	TRUCK #: _____

10yd. 15yd. 20yd. 20yd.-c 30yd. 35yd.-s/c 40yd. 42-C

NAME: _____ CONTACT NAME: _____
ADDRESS: _____ TEL #: _____
_____ DAYS RENTAL INCLUDED \$ _____ PER DAY AFTER _____ DAYS

Doctor Disposal Inc. shall not be held responsible for any damage caused to any roads, driveways, walks, lawns, landscaping or other areas resulting from damage to property as a result of delivering or pick-up of this equipment. Customer shall not move or relocate container without consent of Doctor Disposal Inc. Customer is solely responsible for any and all damages to containers. Absolutely NO HAZARDOUS WASTE, PAINT, LIQUID WASTE, or CHEMICALS of any kind. Additional charges will apply to: mattresses, freon items, tires, propane tanks and computer/television monitors.

ROLL-OFF COST: \$ _____ TONS INCLUDED: _____ AMOUNT OVER: \$ _____

I AGREE TO ALL THE TERMS AND CONDITIONS AS NOTED ON THE FRONT AND REVERSE SIDE OF THIS TRUCKING INVOICE. I UNDERSTAND THAT ALL CHARGES, INCLUDING ANY OVERAGES THAT MAY BE INCURRED WILL BE CHARGED TO MY CREDIT CARD.

Customer Signature: _____ Office Staff: _____