

## SERVICE CONTRACT

CONTACT		DI	ERNARD MEW			
TEL NO.			084 911 9111			
DATE						
CLIENT DETAIL	•	7				
NAME	<u>s</u>					
POSTAL ADDRESS						
POSTAL ADDRESS						
POSTALCODE						
TELEPHONE						
FAX NUMBER						
CELL PHONE						
E - MAIL ADDRESS						
COLLECTION DETA	AILS					
CONTACT NAME						
PHYSICAL ADDRESS						
SERVICE DESCRIPTION						
FIXED / C.O.D	BIN TYPE	QUANTITY	FREQUENCY	FIXED AMOUNT	C.O.D AMOUNT	LIFT RATE
SERVICE COMMENCEMENT						_
PERIOD OF CONTRACT						_
CONTAINER REQ.	ОТТО	SKIPS	RORO	F.E.L		
REQUIREMENTS			Please sign	and fax to 0866	3-355-345	
TEGOTTEMENTO			r rease sign	and tax to occu	7 000 0 10	
						/
CLIENT SIGNATURE				AUTHORISED	$\neg$ $\mathscr{A}$	2
				SIGNATURE		
NAME (PLEASE PRINT)	<del></del>			DATE		
NAME (FLEASE PRINT)	$\dashv$			DATE		
				<del>-</del> -		
DATE	I			1		