



**Offices**

**Atlanta 404-456-3665**  
**Augusta 706-622-5664**  
**Columbus 706-304-6500**

**Customer Information Sheet**

Fax back to 404-745-8511 or email to Ami@GeorgiaClean.com

Service Address	Billing Address
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____
Contact: _____	Contact: _____

**Services Provided**

Single Location \_\_\_\_\_

Type of Service: Dr. Office / Clinic / Vet / Tattoo Parlor / F.H. Multiple Locations \_\_\_\_\_ (\_\_\_\_)

Service Frequency: Weekly / Bi-Weekly / Monthly / Quarterly / One Time

Service Start Date: \_\_\_\_\_

Estimated Containers per pick up: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Hours**

Monday	Tuesday	Wednesday	Thursday	Friday