

(877) 302-8015 Toll-Free  
 (888) 215-0636 Fax



ADDITIONAL LOCATION TO MASTER SERVICE AGREEMENT

SERVICE ADDRESS		BILLING ADDRESS	
Name:	_____	Name:	_____
Address:	_____	Address:	_____
Phone:	Fax: _____	Phone:	Fax: _____
Email:	_____	Email:	_____
Contact:	_____	Contact:	_____

Pick Your Service	Service Frequency	Cost for 1st Container	Cost for Additional Containers per Pick Up
<input type="checkbox"/>	On Call (1x per Year)	\$255.00	\$ 100.00
<input type="checkbox"/>	Bi-Annually (2 Per Year)	\$155.00	\$ 100.00
<input type="checkbox"/>	Quarterly (4 Per Year)	\$130.00	\$ 75.00
<input type="checkbox"/>	Every Other Month (6 Per Year)	\$120.00	\$ 75.00
<input type="checkbox"/>	Monthly (12 Per Year)	\$95.00	\$ 55.00
<input type="checkbox"/>	Every Other Week (26 Per Year)	\$42.50	\$ 42.50
<input type="checkbox"/>	Every Week (52 Per Year)	\$39.50	\$ 39.50

Location Office Hours				
Monday	Tuesday	Wednesday	Thursday	Friday

Customer \_\_\_\_\_  
 Please Print \_\_\_\_\_

Title \_\_\_\_\_  
 Date \_\_\_\_\_

MedPro Waste Disposal \_\_\_\_\_  
 Print John Kioussis

Title MedPro Representative  
 Date 6/13/2017

**Requested First Date of Service:** \_\_\_\_\_

Please enter your desired first date of service.