Scrub-A-Can
859-338-6900
www.scrubacan.com

Order Form to Print and Mail with Check or Money Order

Name:
Address:
City: State: Zip
Phone:
Email Address:
Main Cross Streets:

Please check appropriate boxes

New Service Request: _____

Change of Frequency: _____

Change of Address: _____

Of Trash Cans: _____

One Time Cleaning: _____

3 month membership: _____

6 month membership: _____

1 year membership: _____

Additional cans: _____

Trash Collection Day: please check one

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

Time of Collection: _____
Am or PM

Preferred Payment Method:

Payment at time of first cleaning: _____
Mail Check: _____

SIGNATURE: _____ DATE: _____

By completing this form you agree to the terms of the Customer Agreement.