

# RECYCLING REGISTRATION FORM

DATE \_\_\_\_\_

RECYCLING CHARGE: \$25.00

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE (REQUIRED) \_\_\_\_\_

EMAIL (PREFERRED) \_\_\_\_\_

SIGNATURE (REQUIRED) \_\_\_\_\_

PROMO CODE \_\_\_\_\_

**PAYMENT INFORMATION (please include payment along with this form)**

CASH       MONEY ORDER       CHECK       CREDIT CARD (please complete the information below)

NAME (as it appears on card) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

CSV NUMBER (three digit code on the back of the card) \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**AGREEMENT**

*By signing this form I agree to recycle with Greater Greenville Sanitation at least 75% of the time in a six month period. I understand that if I recycle less than 75% of the time Greater Greenville Sanitation reserves the right to stop collection.*

*Furthermore, I understand that any damage, or alteration, to my roll cart due to negligence or theft which impairs collection will require payment for a replacement roll cart in order to continue to receive recycling services.*

**RETURN THE COMPLETED  
FORM ALONG WITH  
PAYMENT TO:**

GREATER GREENVILLE SANITATION  
C/O RECYCLING ROLL CART PROGRAM  
1600 WEST WASHINGTON STREET  
GREENVILLE, SC 29602

