



Individual's Name: _____ Driver License # _____

Province _____ Company Name: _____

Contact Person's Name & Phone # _____

Mailing Address: _____

Street/P.O. Box City Province Physical Address: _____

Phone #: _____ Cell# _____

Date/Time requested to have trailer onsite: _____

Date/Time requested to have trailer picked up: _____

Delivery address: _____

SELECT THE APPROPRIATE METHOD OF HOW YOU WANT TO MAKE PAYMENT

Credit Card _____ E-Transfer _____ (selectsepticsservices@outlook.com)

Signature: _____ Date: _____

Print Name: _____

Select Septic Services Ltd.

PO Box 2106 Chilliwack PO Sardis Main

BC, V2R 1A5

1-604-819-5374