

AUTHORIZATION FOR E-MAIL / FAX

I hereby authorize Virgin Valley Disposal, Inc. to start sending my Invoice/Statements in the form of E-Mail and/or Fax.

PLEASE SEND MY INVOICE/STATEMENTS IN THE FORM OF...

E-MAIL E-Mail Address: _____

FAX Fax Number: _____

This authorization is to remain in full force and in effect until Virgin Valley Disposal, Inc. has received written notification from me to terminate this agreement. Virgin Valley Disposal, Inc. shall have a reasonable opportunity to act on the request to terminate.

MY NAME _____

VIRGIN VALLEY DISPOSAL ACCOUNT # _____

TODAYS DATE _____

SIGNATURE _____

NOTES & COMMENTS _____

Official Use Only

Draft # _____

Cycle# _____

Processed By _____

Date _____