



Florida Waste Management, LLC
Roll-off, Trash Valet and Debris Removal Services



ROLLOFF ORDER FORM

Company Name _____ Client Name _____

Drop Date _____ Time _____ am ___ pm ___

Service Street Address _____

City _____ Zip _____

Size of Container/s _____ # of container/s needed _____

Placement of Container/s _____

Contact Person's Name _____ phone # _____ (if different then name above)

Material (in container) _____ Clean _____ Mixed _____

SWAP OUT (if applicable)

of container/s _____ Time/s _____ Date _____

FINAL/REMOVAL

Date (if known) _____ Time _____ am ___ pm ___

Call in for Final/Pickup _____

****Accepted Payments Credit Card (Visa, M/C, Amex, Discover) or Cash/Money Order/Check**

If credit card they must include : type of Card, card #, exp. Date, cvv code, name on card
 If cash/check opr money order caller must include contact name & phone # (advisory: driver will call 30 min. prior to dropping the container to confirm payment will be on site)

DIRECTIONS OR SPECIAL INSTRUCTIONS:
