

Rock Fest

FORM MUST BE FILLED OUT COMPLETELY OR IT WILL NOT BE ACCEPTED!

Site Name: _____

Delivery Date: _____

Site Number: _____

Paid Y / N

Initials _____

(for office use only)

Service Schedule: (choose your day/days) Wed.____ Thurs.____ Fri.____ Sat.____
(for office use only) Pd. Y/N Pd. Y/N Pd. Y/N Pd. Y/N

Toilet: \$150.00

Service Total: \$ _____ **(\$40.00 per service)**

Total Due At Delivery: \$ _____

(CASH ONLY – NO EXCEPTIONS)

Last Name _____ **First Name** _____

Billing Address: _____

Email: _____

Telephone # _____ **Cell #** _____

Arrival Date or Day: _____

PLEASE KEEP IN MIND THE TOILETS GET DELIVERED IN THE ORDER THE CALLS COME IN! CALL WHEN YOU GET TO THE GATE TO LET US KNOW YOU ARE THERE... WE ONLY DELIVER UNTIL 7 PM.

ALSO, YOUR TOILET WILL GET SERVICED ON THE DAY YOU CHOOSE BUT WE CANNOT TELL YOU IF IT WILL BE MORNING, NOON OR NIGHT! TOILETS THAT HAVE PREPAID GET SERVICED BEFORE CALL INS.

SIGN HERE THAT YOU HAVE READ AND AGREE TO TERMS:
