Central Disposal, Inc.
Waste Transfer Station
M-F: 6am-5pm *Sat:* 6am-12pm
(262)336-3537
1635 Arcadian Ave
Waukesha, WI 53186

New Account Registration

Terms: ____Due on Receipt ____Net 30 Days

Company Name: _____

Mailing Address: _____

Contact Person: _____

Phone: _____ Email: _____

Accounts Payable Contact: _____

Phone: _____ *Email*: _____

Credit Card Information
Cardholder Name:
Card Number:
Expiration Date (mm/yy): CVV:
Card Billing Address: _____
I, authorize Central Disposal, Inc. to charge the card listed above for invoices. Invoices are sent daily to the email address I provided. This authorization can be canceled at any time by contacting us. Signature Date

Number of Trucks:_____ Type (Circle): Roll-Off Dump Body Dump Trailer Hand Un-load

Do you use PO numbers?_____ If you answered yes, please give scale operator PO # when weighing **in**.

Email to receive weight tickets (only one): _____

Note: If you need paper weight tickets, please ask. Weight tickets will come from tickets@centraldisposal.net

Return completed form using one of the following:

Email: Office@centraldisposal.net

Mail/In-Person: 1635 Arcadian Ave Waukesha, WI 53186