



SALES AGREEMENT
Phone: 410-239-9366 Fax: 410-239-9384
P.O. Box 438 Finksburg, MD 21048

Customer Name: _____ Date: _____

Service Address: Street: _____

City: _____ State: _____

Cross Street: _____ Zip: _____

Site Contact: _____ Cell: _____

Placement of Container: _____

Delivery Date: _____ AM: _____ PM: _____

Billing Address: Street: _____

City: _____ State: _____ Zip: _____

Company Contact: _____ Phone: _____

Email: _____

Payment Form(card #): _____ Exp: _____ 3 Digit code: _____

Type of Material: _____ Container Size: _____ Yards.

Total Price Quoted: _____ *(excluding any additional tonnage over wt. cap and daily fees)*

Haul Rate: _____ Delivery Fee: _____ \$ _____ per ton

Daily Fee: _____ Weight Cap: _____ @ \$ _____ Per ton over weight cap

Order Taken By: _____ Customer Signature: _____

Your signature authorizes that the total price quoted will be charged to the above requested form of payment before delivery of the container. Any additional fees and expenses will be charged to the same form of payment when incurred. By signing this Sales Agreement the Customer hereby agrees to pay for the services rendered by Eagle Transfer Services, Inc. before any services are rendered. Additional fees for tonnage and container fees will be charged to the same referenced form of payment when incurred. Eagle Transfer Services, Inc. is not responsible for any damages when placing the container where requested. All damages are the responsibility of the Customer.