

INVOICE TO	
CUSTOMER NAME	HILLCREST 3 CONDOS INC
ATTN	Irina
ADDRESS	3300 N 29TH AVE STE 102
CITY	HOLLYWOOD, FL
STATE	
ZIP CODE	33020-1031
TEL. NO.	(802) 233-5370 FAX NO.

SITE LOCATION	
SITE NAME	HILLCREST #3 CONDOS INC
ADDRESS	940 HILLCREST CT
CITY	HOLLYWOOD, FL
STATE	
SUITE	
ZIP CODE	33021
TEL. NO.	(802) 233-5370 FAX NO.
AUTHORIZED BY	Jim Bowers TITLE
CONTACT	Jim Bowers TITLE President

Customer Service Agreement



AGREEMENT NUMBER	A911323214
ACCOUNT NUMBER	695-1068928
EMAIL	<a href="mailto:jimandkrisflorida@gmail.com">jimandkrisflorida@gmail.com</a>

NO	CONT GRP	TYPE	SIZE	C	QTY	ACCT TYPE	C/D	SERV FREQUENCY	EST LIFTS	S	PO. REQ	RECPT. REQ	L/F CODE	OPEN/ CLOSE DATE	LIFT CHARGE	MONTHLY SERVICE	EXTRA LIFT	DISP RATE	ADDITIONAL CHARGES	SUPPLEMENTAL CHARGES	TC/RC CMP
N	2	FL	3.0 Yd(s)	N	1	P	N	3/1W				N	W3H1	6/1/2024		\$400.00	\$75.00			Extra Yds \$25.00 All others at prevailing rates	02/58
O	2	FL	3.0 Yd(s)	N	1	P	N	2/1W				N	W3H1	7/31/2024	\$553.26	\$553.26					

Republic Services of Florida, Limited Partnership DBA All Service Refuse

HEREINAFTER REFERRED TO AS THE "COMPANY"

The undersigned individual signing this Agreement on behalf of the Customer acknowledges that he or she has read and understands the terms and conditions of this Agreement and that he or she has the authority to sign the Agreement on behalf of the Customer.

BY: \_\_\_\_\_  
(AUTHORIZED SIGNATURE)

BY: Jim Bowers TITLE: President of HOA  
(AUTHORIZED SIGNATURE)

TITLE: \_\_\_\_\_

JIM BOWERS CUSTOMER NAME (PLEASE PRINT) 4/24/24 DATE OF AGREEMENT

Exempt from: Administrative Fee

COMMENTS:

Delivery Notes:  
Safety: No Safety Concerns

See reverse for Terms and Conditions  
For The Association