



MEDICAL WASTE DISPOSAL SERVICE AGREEMENT

Customer Name: Business Name

Contact: Date of Agreement: **1/1/2023**

Service Address: Business Service Address

Tel: (333) 333-3333

Billing Address:

Special Notes:

(We can safely collect your paper waste during any medical waste disposal service visit and securely shred, so you save. Ask us for pricing)

SERVICES THAT WE WILL PROVIDE:

- Collection, transportation and treatment of all regulated medical wastes generated by the customer on a(n) **Quarterly** basis.
- A revolving supply of reusable medical waste storage containers for your filled sharps containers and medical waste.
- Online access anytime, where you can view your waste tracking documentation, do your OSHA blood borne-pathogen training, and much more!

THE AMOUNT YOU WILL PAY:

- Business Name shall pay a flat monthly service fee of **\$175.00**
- The above service fee includes the collection of one 44 gallon bio/sharps waste container per visit. For each additional container collected, there will be a fee of **\$20.00**.
- For each incineration waste container collected, there will be a per gallon fee of **\$6.00**. (Incineration waste includes non-RCRA pharmaceutical, pathological and trace-chemo wastes).
- Based on the customer's staff's requests, MedWaste will provide disposable containers and other products for the storage & transport of medical waste. Please inquire for current pricing of our products and supplies.

THE TERMS:

- This quoted price for service is guaranteed for 12 months.
- Invoices are sent at month's end, and must be paid within 15 days of receipt.
- Business Name shall have the right to terminate or change services at anytime without penalties or cancellation fees.

The undersigned individual acknowledges that he or she has read the Terms & Conditions, and that he or she has the authority to sign this agreement on behalf of Business Name.

Customer Rep. Name: _____ Signature: _____

MedWaste Management Rep. Name: Hugo Hernandez Signature: Hugo Hernandez

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