

CUSTOMER PAYMENT PLAN AGREEMENT

WITH

NC SOLID WASTE MANAGEMENT

DATE: _____

TO: NCSWM

FROM: _____

I AGREE TO PAY \$_____ ON THIS DATE_____.

I ALSO AGREE TO MAKE MONTHLY PAYMENTS OF \$_____ UNTIL MY ACCOUNT IS CURRENT. **MY FAILURE TO COMPLY WITH THIS AGREEMENT SHALL RESULT IN THE REMOVAL OF MY GARBAGE CAN.**

I am also aware that I will not be able to get my garbage can back until my bill is paid in full.

THE AMOUNT SHOULD BE MADE PAYABLE TO "NC SOLID WASTE MANAGEMENT"

CUSTOMER SIGNATURE

DATE

WITNESS SIGNATURE

DATE