

Miller Compost Customer Profile Form

Date: _____

Legal Company Name: _____

Operating Name: _____

Business # (HST#): _____ Phone Number _____

Mailing Address: _____ Fax Number _____

Address 1 _____ Cell Number _____

Address 2 _____ Website _____

City _____ email _____

Prov. _____ Postal Code _____ Owner Name: _____

Shipping Address: _____ A/P Name: _____

Address 1 _____ Ordering Name: _____

Address 2 _____

City _____

Prov. _____ Postal Code _____

Do you have an account with the Miller Group?

Yes No

Would you like to receive email updates of pricing?

Yes No

To help serve your better, what products and services you are interested in?

- Compost Soils Topdressing Erosion Control Media LEED Products
 Green Roof Media Aggregates Mulches Wood Waste Leaf & Yard Waste

Please tell us about your business activities (Please check all the appropriate boxes).

- Landscape Maintenance Landscape Construction Sod Grower Golf Course/Recreation
 Soil Manufacturing Greenhouse/Nursery Garden Centre Farm (Agriculture) Municipality
 Consultant (Land.Arch/Engineer etc.) Wood Waste Generator Organic Waste Generator
 Supplier Institution

For material drop-off or product pick-up, please provide either license plate numbers or truck unit numbers:

Lic/Unit #: _____ Lic/Unit #: _____ Lic/Unit #: _____ Lic/Unit #: _____

Lic/Unit #: _____ Lic/Unit #: _____ Lic/Unit #: _____ Lic/Unit #: _____

Please drop off at any of the Miller Compost sites or please mail or fax to be address below:

Miller Compost 8050 Woodbine Ave, Markham Ontario, L3R 2N8
Toll Free: (866) 887-6457 Fax: (905) 773-4633

Office Use Only:

Pricing Level: _____ Customer Code: _____