Ph: 780-352-6096
e-mail: gogogreen@horizonscentre.com
e-transfer: hc@horizonscentre.com

CUSTOMER CONTRACT AGREEMENT

Name of Customer or Business | **Recycling Pick-up Address**

Mailing Address and Postal Code

Phone: Residential | **Phone: Business**

E-mail Address

Billing Contact Info. (If different from above):

Name

Mailing Address and Postal Code

Phone | **E-mail Address**

Type of Recycling Service Requested: ☐ **Business** ☐ **Residential**

Recycling Service Frequency: ☐ **Weekly** ☐ **Bi-weekly**

Go Go Green Recycle Bin needed: ☐**Yes** ☐**No** (customer will supply 68 L bin with lid)

The Customer agrees to the following terms and conditions:

1. Go Go Green will provide the customer/business with recycling pick up service. Customers are to refer to the *Go Go Green Recycling Service Information* form which states fees and acceptable items. Any updates to the information will be sent to the customer. Go Go Green will not take away products deemed unacceptable or not agreed upon with this contract.

2. A 68 L recycling bin and lid will be provided by Go Go Green (fee will be included on initial Invoice). Go Go Green is not responsible for lost, stolen, or damaged bins. If a customer/business chooses to provide their own bin, it cannot exceed 68 L and must have a lid.

3. The residential customer will ensure their recycling bin is placed outside, as close to the curb as possible by **9:00 am** on their scheduled, pre-determined pick-up day. The customer will indicate their preference as to where they would like the empty bin returned (to help prevent loss).
Business customers must have their products accessible for pick up, in a mutually agreed upon location between the customer and Go Go Green, between 9:00 am and 3:00 pm on the pre-determined pick-up day.

4. If a pick-up day falls on a holiday, arrangements will be made for an alternate day.

Contract Updated: October 9, 2026

5. Should a recycling bin be missed, the customer should contact Go Go Green at the number written above and arrangements can be made to pick up the bin at an alternate time. Go Go Green will make every reasonable effort to correct the error and to ensure bins are not missed.

6. Customers will make every effort to have walks and driveways clear of snow, ice and any other obstacles that may interfere with the safety of the Go Go Green team.

7. Invoicing will occur quarterly. Invoices will be e-mailed or delivered to the customer/business at the end of each quarter. Payment is required within 15 days of the invoice date. Recycling pick up will be suspended if payment is not received within 30 days of invoice date and will resume after payment is received.

8. Payment can be made by cash, cheque, debit, credit card or e-transfer (hc@horizonscentre.com). Cheques are to be made payable to Horizons Centre. Receipts will not be issued unless specifically requested by the customer/business.

9. Any products which are picked up by Go Go Green Recycling that do not fit in the 68L bin will carry an additional charge (refer to *Go Go Green Recycling Service Information*).

10. Any items that are made from more than one type of material that are not taken apart, or boxes not broken down, will be taken apart by Go Go Green and the customer may incur an additional charge (refer to *Go Go Green Recycling Service Information*).

11. Termination of contract: Go Go Green requires two weeks written notice by the customer of termination of this contract. Should a customer terminate this contract and have more than those two weeks pre-paid for recycling pick up, Go-Go Green shall reimburse the customers money paid for services that will not be delivered after termination date. Money owing during the next invoice period for additional fees incurred by the customer will be deducted or adjusted accordingly with weeks remaining. Go Go Green reserves the right to terminate this contract without notice.

Customer Signature _____ **Customer Name (please print)** _____

Date _____

Go Go Green Representative _____

GO GO GREEN OFFICE USE

Recycling pick up day (based upon address): _____

Commencement Date: _____

FEES

Type of Service: ☐ **Business** ☐ **Residential**

Recycling Service Frequency: ☐ **Weekly** ☐ **Bi-weekly**

Monthly Fee: $ _____

Initial Bin Fee: _____ ***bin(s)*** **x** ***current bin fee*** **$** _____
Number of bins