



2500 Evergreen Ave
Jacksonville, FL 32206
(904) 353-3694
www.bermanbros.com

SCRAP CUSTOMER PROFILE

NAME _____

dba _____

Industry _____

Mailing Address _____

Phone # _____ Fax# _____

Scrap Pickup Location (if differs from above) _____

Contact at Scrap Pickup Location _____

Phone # _____

Email _____

Accounts Receivable Contact _____

Phone # _____

Email _____

Payment Preference:

Cash (\$1000 Maximum), please list authorized recipients _____

Checks - payable to: _____

Authorization for ACH: _____

Financial Instruction: _____

Routing Number: _____

Account Number: _____

Email for Payment Notification: _____

This authorization will remain in effect until Berman Brothers receives written notification from me changing bank information, cancelling ACH service or Berman Brothers discontinues or changes ACH service. I shall send changes request to this service and understand it make take 14 days for this change to take effect.

A signature below acknowledges understanding of and adherence to all pertinent statutes and regulations for Restricted Regulated Metals Property, identified in Sec 185.502. (h) of ordinance 2011-766-E and Florida Statute 538.26 (please see our website for links to ordinance and statute) .

Authorized Signature & Date _____

Printed Name & Title _____

Email Address & Phone Number _____

Please complete and send back to us via recycling@bermanbros.com . Thankyou!