



**COMFORT HOUSE**  
EQUIPMENT RENTAL

## Delivery Information

**Unit type:** (Please circle one) **Portable toilet, Handicap toilet, Holding tank, Sink, Half-High, High-Rise**

**Service amount:** (Please circle one) **Once, Twice or Three times a week**

**Roll off dumpster:** (Please circle one) **10yd, 15yd, 20yd, or 30yd**

**Roll off dumpsters are pulled on an on call basis done with in one to two business days.**

**Requested Delivery Date (no same day orders):** \_\_\_\_\_

**Site contact name:** \_\_\_\_\_

**Site contact number:** (\_\_\_\_\_) \_\_\_\_\_

**PO Number (If applicable):** \_\_\_\_\_

**Job name or subdivision name:** \_\_\_\_\_

**Lot, building or Suite #** \_\_\_\_\_

**Address** \_\_\_\_\_

**City & zip code** \_\_\_\_\_

**Placement location (Ex: on driveway)** \_\_\_\_\_

- **Please note we are not responsible for any damages to driveways.**

**Directions:**

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*Serving Central Florida Since 1968!*

