



Company Information: Please complete all information

6305 IVY LANE, SUITE 720
 GREENBELT, MARYLAND 20770
 301-486-7501 Office
 301-486-7507 Fax

Company Name:		Tel No: () ()	Fax: () ()	
Service Address:	City:	State:	Postal Code:	In Business Since:
Property/Resident MGR:		Billing Address:	Type Of Business:	
Federal Tax I.D. #		Duns#		

***Bank Reference:**

Institution Name:	Checking Account #:	Tel No.	Contact Person:
<p>*Customer can also contact bank for credit reference and fax directly to Goode Trash Removal Inc. By signing below customer authorizes for bank information to be released to Goode Trash Removal Service Inc. If there is a transaction fee customer authorizes for checking account to be debited by bank or be invoiced by Goode Trash Removal Inc Please fax to (301 429 5187) *X</p>			
Authorized Signer		Date	
REQUEST FOR BANK INFORMATION			
All Information will be held in strict confidence.			
Date Account Opened _____			
Average Balance	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
	Four Figure <input type="checkbox"/>	Five Figure <input type="checkbox"/>	Six Figure <input type="checkbox"/>
Deposit Account Relationship Satisfactory?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Remarks _____			
Loans	High	Present	Loan Experience:
Unsecured \$ _____	\$ _____		SATISFACTORY <input type="checkbox"/>
Secured \$ _____	\$ _____		UNSATISFACTORY <input type="checkbox"/>
Installment \$ _____	\$ _____		Remarks _____
Line of credit Available Yes <input type="checkbox"/> No <input type="checkbox"/>			
Bank Signature:	Title:	Date:	

Trade References: Address:

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Phone: Fax:	Phone: Fax:	Phone: Fax:
Address:	Address:	Address:
City ,State, Zip	City ,State, Zip	City ,State, Zip

*Required Information