



2925 W Minnesota St, Indianapolis, IN 46241

Ph: 317-800-2132 | Fax: 317-245-2299

office@greenesrolloff.com

BUSINESS CONTACT INFORMATION

Company Name:

Title:

Phone:

Fax:

Email:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole Proprietorship:

Partnership:

Corporation:

Other:

A/P Contact Name: _____ Email: _____

Phone: _____ Fax: _____

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State

ZIP Code

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State

Zip Code

Bank Contact:

BUSINESS/TRADE REFERENCE

1. Company Name

Address

Phone

Fax:

Email:

2. Company Name:

Address

Phone

Fax:

Email:

1. All invoices are to be paid 30 days from the date of the invoice. If paid after 30days there will be a 1.5% interest charge.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Greene's Roll Off Service to make inquiries into the banking and business/trade references that you have supplied.

Signature: _____ Date: _____