



Container Pick Up Program Agreement

Date: Code:

Customer:

Address:

City: State: Zip Code:

Phone: Fax:

Corporate Contact:

Phone: Cell:

Email Address:

Location Address:

City: State: Zip Code:

Location Contact:

Phone: Cell:

Email Address:

Please check one box below:

- Deliver container with locking lid only (lock not provided)
- Deliver container without a locking lid, if one with locking lid is not available
- Deliver container without locking lid only

Please check one box below (\$10 fee will be deducted for each pick up):

- Switch container every 2 weeks
- Switch container every 4 weeks

Please check one box below:

- Mail check to corporate office Make check to:
- Mail check to location Make check to:
- Bring cash to the location on next pick up and deliver to:

I understand that the container placed in my facility is the property of Maryland Core, Inc.. If the container should become damage beyond use and/or disappear, I will be charged \$500 to replace the container. I will assist with the loading of the contailer, if needed.

Signature

Print Name

Date

Return to Larry Karpman via:
email: Larry@marylandcore.net or fax: (410) 325-1916

6519 Quad Ave Baltimore, MD 21205 www.marylandcore.net (410) 276-4973