



# CREDIT APPLICATION and AGREEMENT

Please Print Clearly

Firm Name (Complete Legal Name):		
Parent Company, if Subsidiary:		Credit Limit Requested:\$
Type of Business: Sole Proprietorship: _____ Partnership: _____		Main Business Phone:
Municipality: _____ Corporation: _____ LLC: _____ Other _____		Main Business Fax:
Description of Business:	Duns#:	Years Est.:
Billing Address:		City:
State: _____ Zip: _____	Does your business or any affiliates have credit terms with any other Wastequip location? Which locations? :	
Sales Tax Exempt: Yes _____ No _____ If Yes, please provide Tax Certificate		Fed. ID #
Do you use Purchase Orders: Yes _____ No _____		
Annual Sales Last Year: \$	Estimated Sales This Year: \$	
Has either the business or owners/officers been involved in bankruptcy, foreclosure, insolvency or assignment? If yes, please specify details.		
Owners/Partners/Officers:		Title:
		Title:
		Title:
A/P Contact:	A/P Phone:	A/P Fax:
<b>*** A/P EMAIL FOR INVOICES:</b>		
<b>BANK REFERENCES: Please provide checking account and account providing funds for order.</b>		
1. Description: <u>Checking Account</u>		
Acct.# _____ Contact Name: _____		
Bank Name: _____ Phone: _____ Fax: _____		
2. Description: <u>Acct. Providing Funding</u>		
Acct.# _____ Contact Name: _____		
Bank Name: _____ Phone: _____ Fax: _____		
<b>TRADE REFERENCES: Please provide FOUR trade references and phone &amp; fax numbers:</b>		
1. Name:	Phone: Fax:	Email:
2. Name:	Phone: Fax:	Email:
3. Name:	Phone: Fax:	Email:
4. Name:	Phone: Fax:	Email:
I agree to payment terms of Net 30-days FROM DATE OF INVOICE. In the event that the account is not paid according to the terms set forth in this application and agreement and on the invoice, the firm agrees to pay a Finance Charge of 1.5% per month on all delinquent amounts. It is also understood and agreed that shipments and freight pickup may be curtailed until the account is brought current and that all costs of collection, including reasonable attorney fees if incurred, will also be the responsibility of the firm.		
I certify that all of the above information furnished is correct, that the firm is not insolvent, and that if the firm is a corporation, it is in good standing. I am authorized to bind the firm to this agreement and hereby give authorization for the above listed credit references to release any applicable credit information. I understand that current financial statements may be requested.		
If firm is corporation, signature below must be that of an officer. If firm is a partnership, signature below must be that of a partner. If firm is a sole proprietorship, proprietor must sign.		

Authorized Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to Wastequip Inc., Attn: Credit Dept., 1901 Roxborough Road, Suite 300, Charlotte NC 28269  
Or Fax to: 1-704-366-7240