



Credit Application

Name/Address

| | | | | |
|-------------------|--------|-----------------|-----------------|--|
| Last: | First: | Middle Initial: | Title | |
| Name of Business: | | | Tax I.D. Number | |
| Address: | | | | |
| City: | State: | ZIP: | Phone: | |

Company Information

| | | | | |
|--|--------------------|--------------------------------------|--------------------|---|
| Type of Business: | In Business Since: | | | |
| Legal Form Under Which Business Operates: | | | | |
| Corporation <input type="checkbox"/> | | Partnership <input type="checkbox"/> | | Proprietorship <input type="checkbox"/> |
| If Division/Subsidiary, Name of Parent Company: | | | In Business Since: | |
| Name of Company Principal Responsible for Business Transactions: | | | Title: | |
| Address: | City: | State: | ZIP: | Phone: |
| Name of Company Principal Responsible for Business Transactions: | | | Title: | |
| Address: | City: | State: | ZIP: | Phone: |

Bank References

| | | | |
|---------------------|--------------------|-------------------|---------------|
| Institution Name: | Institution Name: | Institution Name: | |
| Checking Account #: | Savings Account #: | Home Equity Loan: | Loan Balance: |
| Address: | Address: | Address: | |
| Phone: | Phone: | Phone: | |

Trade References

| | | |
|-----------------------|-----------------------|-----------------------|
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I agree to permit ALL STATE WASTE, INC. to use this information to obtain additional credit information. In consideration days of purchase To pay a service charge for late payments computed at a monthly percentage of 1.5%. To pay \$25.00 service fee on all returned, bounced or stopped payment checks. No further credit shall be extended until account is current. If this account is placed for collection, I agree to pay all reasonable costs of collection, including attorney fees, and court costs. I agree that reasonable costs of collection prior to filing a lawsuit shall be 33%. I authorize any credit investigation for action on this credit application. I hereby indemnify ALL STATE WASTE, INC. and any other agents from any liability resulting from their credit survey. I agree that ALL STATE WASTE, INC. may report account receivable information to various consumer and commercial credit agencies. The merger, incorporation, reorganization, bankruptcy claim or sale of business shall not operate as a termination of this guarantee.

Signature _____

Date _____

Personal Guarantee

For value received, the receipt of which is hereby acknowledged, the undersigned jointly and severally guarantee to All State Waste, Inc. the prompt payment of all sums due, by the above named applicant(s). The undersigned agrees to remain bound by this guarantee notwithstanding any extension, indulgence to change in the terms of payments made with the applicant(s) hereof, and waiving any surety ship defense. The undersigned(s) obligation is to be that of a principle in the event of default, without obligation of All State Waste, Inc. to first exhaust its remedies against the application(s), or to pursue other collateral. If this account is placed for collection, I agree to pay all responsible costs of collection, including attorney fees, and court costs. I agree that reasonable cost of collection prior to filing a lawsuit shall be 33%. No termination of this guarantee shall be effective except that sent to All State Waste, Inc. by registered mail naming and effective date after that date of receipt of said notice. Such termination shall not affect the liability of the undersigned with respect to any credit extended to the above named applicant(s) prior to the termination date. I authorize any needed credit investigation for action on this credit application. I hereby indemnify All State Waste, Inc. and any of their agents from any liability resulting from their credit survey. I agree that All State Waste, Inc. may report account receivable information to various consumer and commercial credit agencies. The merger, incorporation, reorganization, bankruptcy claim or sale of business shall not operate as a termination of this guarantee.

(Use no titles when signing e.g. President, Trustee, etc.)

Sign

Print

Date

Sign

Print

Date

(Required)

Signed in the presence of: _____
Sign

Print