

# Business Credit Application

Recycle Depot Inc  
 230 Van Wagner Rd  
 Poughkeepsie, NY 12603  
 p.845-452-3939 f.845-452-5310

## 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: FAX:	Phone: FAX:	Phone: FAX:	

## 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 understand that I will be responsible for all charges incurred at my request and if I fail to pay the same within 15 days of remittance of an invoice. Recycle Depot may commence an action to recover the same as well as its court costs and attorney fees. Interest will accrue on all delinquent amounts at the rate of 1 ½% per month.

Signature \_\_\_\_\_

Date \_\_\_\_\_