

APPLICATION FOR OPEN CHARGE ACCOUNT



☐ **INDIVIDUAL** (If you are an individual applying for credit, you must provide your Social Security Number. You do not need to provide credit references.)

☐ **BUSINESS** (If you are a business applying for credit, you must provide your federal EIN number and 3 good credit references.)

(860) 934-0144 Email sales@ecowastect.com

NAME: _____ BUSINESS NAME: _____

BUSINESS PHONE: () _____ CELL: () _____ HOME: () _____

FAX: () _____ EMAIL: _____

COMPLETE ADDRESS: _____

CREDIT LIMIT DESIRED: \$ _____

BANK ACCT WITH: _____ S S #/EIN # _____

CREDIT REFERENCES (OTHER CHARGE ACCOUNTS) (We MUST have name, address, phone, fax, & zip code in order to process)

1) Name: _____ Telephone: () _____ Fax: () _____

Address: _____

2) Name: _____ Telephone: () _____ Fax: () _____

Address: _____

3) Name: _____ Telephone: () _____ Fax: () _____

Address: _____

Do you pay from invoices? Yes _____ No _____

Do you require purchase orders? Yes _____ No _____

Do you pay Sales Tax? Yes _____ No _____

Note: Please return a signed exempt sales tax certificate if exempt.

We hereby represent that the foregoing statement is in all respects true, and that the same shows all our debts and liabilities, and that said statement is made for the purpose of inducing Eco Waste, Inc. to grant us an open charge account. WE AGREE TO PAY OUR OPEN ACCOUNT ON THE TENTH OF THE MONTH FOLLOWING PURCHASES.

Company Name: _____ Date: _____

Signed: _____ Print: _____

FOR OFFICE USE ONLY:

_____ Credit References Contacted _____ Approved _____ Disapproved

Limit: \$ _____ Letter of Approval Sent _____ Yes _____ No

Account # _____ Tax Exempt Certificate Received: _____ Yes _____ No

Date Account Opened: _____