



Credit Application

Please complete the following information for the business or person for whom credit is being evaluated. If the application is for residential service, please skip to the next page.

Business Information

Legal Business Name: _____		EIN: _____	
Trade Name or DBA: _____			
Street Address (no P.O. Box): _____		City: _____	
State / Province: _____	Country: _____	Zip: _____	Phone: _____
Fax: _____	E-mail address: _____		SIC: _____
Type of Ownership: Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other <input type="checkbox"/>			
If Other, describe: _____		Date Business Established: _____	
Type of Service: Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Roll Off <input type="checkbox"/> Landfill/TS <input type="checkbox"/> Temporary Services <input type="checkbox"/> Other <input type="checkbox"/>			

Trade References: Please provide the name of companies that can serve as trade credit references, starting with most current SRWM experience. Please note that affiliated companies cannot be considered as trade references.

Company Name: _____		Contact Individual: _____	
Street Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	Fax: _____	E-mail: _____	Account #: _____

Company Name: _____		Contact Individual: _____	
Street Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	Fax: _____	E-mail: _____	Account #: _____

Company Name: _____		Contact Individual: _____	
Street Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____	Fax: _____	E-mail: _____	Account #: _____

Bank Reference

Bank Name: _____		Account Number: _____	
Phone: _____	Fax: _____	Contact Individual: _____	



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For Internal Use Only

Set Up Coordinator: _____ **CSR:** _____
Anticipated Amount (Billing Period / Job): _____ **Sales Representative:** _____

If the application is for an individual or a business that is a sole proprietorship or partnership, please complete the following information on all individuals whose credit should also be evaluated.

Name: _____ % Owned (if partnership) : _____ SSN: _____
 Home Address: _____ City: _____ State: _____ Zip: _____

For partnerships, if there is an additional partner who will be responsible for payment, please complete the information below. This additional information may improve our ability to make a favorable credit decision.

Name: _____ % Owned (if partnership) : _____ SSN: _____
 Home Address: _____ City: _____ State: _____ Zip: _____

Business Owner / Individual Signature:

By signing this application, you authorize SRWM to obtain information on you (for individuals) or your business and its principal owner(s) from consumer credit bureaus and others for the purpose of extending credit and authorize any party receiving a credit inquiry from SRWM to release any information requested.

All Applicants:

For and in consideration of the extension of credit for rental and services, the undersigned applicant(s) agree(s) to:

- Furnish any additional financial information, including but not limited to current financial statements, personal or corporate, from time to time as requested by the credit grantor, and to inform credit grantor of any material changes in the condition of the applicant (firm).
- Pay any amounts due within stated terms for rental and services and applicant understands that credit can be suspended at the option of credit grantor for payments not so paid. All amounts are due and payable according to the remit to information designated on invoices.
- If full payment of the invoiced amount is not received by the due date, you will be charged a monthly late charge of 2.5% or a minimum of \$5.00, or such late charge allowed under applicable law, regulation, or contract.
- Pay credit grantor any handling fees associated with returned checks from applicant.
- In the event applicant fails to pay credit grantor all amounts due hereunder, credit grantor will be entitled to collect all reasonable costs of collection, attorneys fees and court costs.
- The validity, interpretation and performance of this Agreement shall be construed in accordance with the law of the state in which the Services are performed.

The above information is correct to the best of my (our) knowledge and I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. I (we) further represent that I (we) have the financial ability and willingness to pay all invoices within established terms.

Signature	Title (if applicable)	Date
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Page 2 of 3	Upon Completion, please return via fax to: <Enter Fax #>	Customer Initials:
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Credit Application

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Signature	Title (if applicable)	Date