

ecomaine Application for Credit

Credit account type requested: *(Check one below)*

- Solid Waste
 Lite Bulky Waste
 Incoming Recycling
 Outgoing Recycling
 Oily Waste
 International Waste
 Grits & Screenings
 |
 Incoming Food Waste

Company Name: _____ Year Business Commenced: _____

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Sole Proprietorship
 Partnership
 Corporation
 Other: _____

Years at Current Address?: _____ Accts Payable Contact: _____ Tax ID# _____

A/P email Address: _____ AP Phone/Ext #: _____

Bank Name _____ Account Type: Savings Checking

Bank Address _____ City: _____ State: _____ Zip: _____

Bank Phone _____ Account # _____

Trade References

1. Company Name: _____ Highest Credit with this Vendor? _____

Address _____ City: _____ State: _____ Zip: _____

Phone _____ Fax _____ Email _____

2. Company Name: _____ Highest Credit with this Vendor? _____

Address _____ City: _____ State: _____ Zip: _____

Phone _____ Fax _____ Email _____

3. Company Name: _____ Highest Credit with this Vendor? _____

Address _____ City: _____ State: _____ Zip: _____

Phone _____ Fax _____ Email _____

By submitting this application, you are stating you are an authorized agent with the authority to establish credit on behalf of the above named individual/organization. As signed agent, you authorize ecomaine to make inquiries into credit file, banking and business/trade references for the above named. Furthermore you agree to examine all invoices and statements promptly upon receipt and to notify ecomaine of any discrepancy, and further agree that such invoice or statement shall be presumed correct unless ecomaine is notified in writing of such discrepancy within thirty days of receipt. It is further agreed that all outstanding invoices including outstanding finance charges (1.5% monthly) will be paid in full no later than net 30 days or according to terms stated on the invoice. Any accounts that are delinquent will incur finance charges (1.50% monthly). Additionally, any necessary collections costs, including attorney fees, will be added to the amount due.

Line of Credit Requested \$ _____

Authorized Signature _____ Title _____

Printed Name _____ Date _____

Office Use

Credit Decision: Approved Declined Credit Limit Authorized: _____

Reviewers Signature: _____ Date: _____