



<b>Waste Control Use Only</b>
Credit Approved By:
Date:
SW Account No.:

# Refuse Disposal Credit Account Application

## Part 1–Business Contact Information

<b>1a. Business Name</b>		<b>1b. Name of Owner(s), Officer(s), or Chief Executive(s)</b>	
<b>1c. Business Mailing Address (Street or PO Box, and City, State, Zip)</b>			
<b>1d. Phone (1)</b>	<b>1e. Phone (2)</b>	<b>1f. How long in business?</b>	
<b>1g. Type of Business</b> Sole Proprietorship    Corporation    Partnership    Limited Liability Co			<b>1h. UBI No./Tax ID No.</b>

## Part 2–Local Credit References (not cash, C.O.D., or utility accounts)

<b>2a. Business Name</b>	<b>2b. Address</b>	<b>2c. Phone Number</b>
1.		
2.		
3.		

## Part 3–Financial Institution Reference

<b>3a. Name of Financial Institution and Branch, if applicable, and Mailing Address (Street or PO Box and City, State, Zip)</b>	
<b>3b. Phone</b>	<b>3c. Account Number</b>

## Part 4–Disposal Requirements

<b>4a. Approximate Refuse Volume Per Month</b>	<b>4b. Type of Refuse to be Disposed &amp; County where Waste Originated</b>	
<b>4c. Estimated Monthly Usage</b>	<b>4d. Transport Method to Disposal Site</b>	<b>4e. Previous Disposal Location</b>
\$		

## Part 5–Credit Authorization

**5a. Authorization:** I hereby authorize Waste Control Recycling, to which this application is made, to obtain a copy of my credit from any credit reporting service and reference herein listed, or statements or other data obtained from me or from any other persons pertaining to my credit and financial responsibility.

I understand that this account is to be paid in full each month. If purchaser fails to make payments when due, purchaser shall pay a finance charge on the unpaid balance at the end of each month at the monthly periodic rate of 1.5%, which equals an annual percentage rate of 18%.

In consideration of the credit extended to the business listed in 1a above at my request, I personally guarantee the payment of all its obligations to Waste Control Recycling, including the costs of collections and reasonable attorney fees.

_____	_____
Personal Guarantor's Signature(s)	Date
_____	_____
Print Complete Name(s)	Social Security Number(s)
_____	
Current Home Address	