



CREDIT APPLICATION

NAME OF BUSINESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

FAX NO. \_\_\_\_\_ TAX ID NO. \_\_\_\_\_

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IF SOLE PROPRIETORSHIP:

NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ SS# \_\_\_\_\_

IF CORPORATION:

NAME OF OFFICERS AND TITLE:

1. \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

2. \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

3. \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

4. \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
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CREDIT REFERENCES:

	NAME	ADDRESS	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

REGISTERED AGENT: \_\_\_\_\_  
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Charge accounts that are opened are subject to the following provisions: Accounts are due and payable the 10<sup>th</sup> day of each month, further, credit will not be extended on delinquent accounts unless the balance is paid in full, or satisfactory arrangements have been made.

The undersigned hereby authorized the above references to release such information as is necessary to establish credit, and agrees to pay reasonable attorney's fees if legal action is required to collect amount due. The undersigned in addition authorizes Clay Peak Landfill and/or legal counsel to obtain your credit report for collection purposes only.

We certify that all the information on the form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CREDIT APPROVED BY: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_