



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship	
Phone Fax		<input type="checkbox"/> Partnership	
E-mail		<input type="checkbox"/> Corporation	
Registered company address City, State ZIP Code		<input type="checkbox"/> Other	
Accounts Payable Contact		Phone	
Email Address:		Fax	

BUSINESS & CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Tax Identification Number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

ACKNOWLEDGEMENT

1. All invoices are to be paid per the contract terms and that any objection to an invoice be made in writing within seven business days of receipt.
2. By signing and submitting this application, I authorize Ward Waste to make inquiries into the banking and business/trade references provided. I have the express authority to bind Customer to all Terms and Conditions in the written agreement and as set forth at wardsiteservices.com. I, the Owner or Officer of Customer, by signing this Application, agree to be responsible for all payments should Customer fail to make the necessary payments.

SIGNATURES

Signature of Authorized Agent			
Name and Title		Printed Name	
Date		Email Address	