

ALLSTATE WASTE CREDIT APPLICATION

P.O. BOX 830846

STONE MOUNTAIN, GA 30083

PHONE (404) 361-9030 FAX (404) 856-6310

Credit Application Date: _____ () Corporation () Individual () Partnership

Company Name: _____ Business Phone: _____ Fax # _____

E-mail _____ Billing Address: _____

Corporate Officers/Individual Owner/Partners:

Name	Title	Home Address	Home Phone	S.S.#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Type of Business: _____ Years in Business: _____

Federal Tax ID#: _____ Purchase Order Required: Yes () No ()

Persons authorized to purchase: _____

Trade References: (List 3, include company name, full address, and phone #)

- 1 _____
- 2 _____
- 3 _____

Accounts Payable Contact _____ Phone# _____

Bank and Finance Companies:

BANK NAME	ADDRESS	TEL#	ACCOUNT#
1 _____	_____	_____	_____
2 _____	_____	_____	_____

The undersigned understands and acknowledges that our invoice terms require payment with net amount due within 15 days following the date of your invoice and agrees that past due balances shall be assessed a interest rate of 1.5% of past due balance. If any indebtedness due and owing is not paid as agreed the undersigned agrees to pay a reasonable attorney's fee plus all costs of collection and all other costs and expenses which may be incurred by Allstate Waste, Inc. relative to collection of the indebtedness. All bills are due and payable at: P.O Box 830846, Stone Mountain, GA 30083.

Print name/title of signer:

Signature of Owner/Officer:
