



Credit Application

BUSINESS CONTACT INFORMATION	
Company Name:	
Contact Person:	
Phone:	Fax Number:
E-Mail:	
Billing Address:	
Service Address:	

BUSINESS AND CREDIT INFORMATION	
Type of Business:	In Business Since:
Form of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor
PO number:	<input type="checkbox"/> Blanket PO <input type="checkbox"/> Service PO
Email Invoices to:	<input type="checkbox"/> Same as above <input type="checkbox"/> Email:

BANK REFERENCE	
Bank name	
Address:	
Phone:	Contact Person:

TRADE REFERENCES	
Business Name:	
Address:	
Phone Number:	Acct. Number:

Business Name:	
Address:	
Phone Number:	Acct. Number:

Business Name:	
Address:	
Phone Number:	Acct. Number:

Our terms are Net 30 days. Accounts not paid in this time frame will be charged 1.5% interest Rate per month and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account. Claims arising from invoices must be made within 7 business days. By submitting this application you authorize Plummer's Waste Group to make inquiries to the banking and business/trade references that you have supplied.

Print Name: _____ Title: _____

Signature: _____ Date: _____