

California Waste Recovery Systems

Telephone: (209) 369-6887 or (916) 441-1985

Mail completed application to: PO Box 670, Woodbridge, CA 95258-0670 or fax to: (209) 369-2703

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Contact Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Company Mailing address:			
City:		State:	ZIP Code:
Date business commenced:		Federal Tax ID#:	
If Sole Proprietorship – Last 4-Digits of Social Security Number:		If Sole Proprietorship – Owners Date of Birth:	
Contractor License #:		If Individual CDL #:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Reference #1 Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of Account:		Account #:	
Reference #2 Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of Account:		Account #:	
Reference #3 Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of Account:		Account #:	

AGREEMENT

By submitting this application, I/we authorize California Waste Recovery Systems to make inquiries into the banking and business/trade references that I/we have supplied. I/we believe that my/our firm is financially able to meet all commitments I/we have made and expect to pay your invoices according to your published terms, including a 1½% per month finance fees assessed on invoices not paid by their due date. In consideration of the extension of credit to the applicant herein, the undersigned jointly, severally and unconditionally guarantee and promise to pay all amounts owing or which hereinafter become owed by the applicant.

SIGNATURES

Title:	Title:
Date:	Date: