



Credit Application

Please complete the following information for the business or person for whom credit is being evaluated. If the application is for residential service, please skip to the next page.

Business Information

Legal Business Name: _____ EIN: _____
 Trade Name or DBA: _____
 Street Address (no P.O. Box): _____ City: _____
 State / Province: _____ Country: _____ Zip: _____ Phone: _____
 Fax: _____ E-mail address: _____ SIC: _____
 Type of Ownership: Sole Proprietorship Partnership LLC Corporation Nonprofit Other
 If Other, describe: _____ Date Business Established: _____
 Type of Service: Residential Commercial Roll Off Landfill/TS Temporary Services Other

Trade References: Please provide the name of companies that can serve as trade credit references, starting with most current WM experience. Please note that affiliated companies cannot be considered as trade references.

Company Name: _____ Contact Individual: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____ Account #: _____

Company Name: _____ Contact Individual: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____ Account #: _____

Company Name: _____ Contact Individual: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ E-mail: _____ Account #: _____

Bank Reference

Bank Name: _____ Account Number: _____
 Phone: _____ Fax: _____ Contact Individual: _____

For Internal Use

Set Up Coordinator: _____ **CSR:** _____
Anticipated Amount (Billing Period / Job): _____ **Sales Representative:** _____



Credit Application

If the application is for an individual or a business that is a sole proprietorship or partnership, please complete the following information on all individuals whose credit should also be evaluated.

Name: _____ % Owned (if partnership): _____ SSN: _____

Home Address: _____ City: _____ State: _____ Zip: _____

For partnerships, if there is an additional partner who will be responsible for payment, please complete the information below. This additional information may improve our ability to make a favorable credit decision.

Name: _____ % Owned (if partnership): _____ SSN: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Business Owner / Individual Signature:

By signing this application, you authorize Waste Management Inc. to obtain information on you (for individuals) or your business and its principal owner(s) from consumer credit bureaus and others for the purpose of extending credit and authorize any party receiving a credit inquiry from Waste Management, Inc. to release any information requested.

All Applicants:

For and in consideration of the extension of credit for rental and services, the undersigned applicant(s) agree(s) to:

- Furnish any additional financial information, including but not limited to current financial statements, personal or corporate, from time to time as requested by the credit grantor, and to inform credit grantor of any material changes in the condition of the applicant (firm).
- Pay any amounts due within stated terms for rental and services and applicant understands that credit can be suspended at the option of credit grantor for payments not so paid. All amounts are due and payable according to the remit to information designated on invoices.
- Pay a late fee on all past due amounts accruing from the date of the invoice at a rate of eighteen percent (18%) per annum or, if less, the maximum rate allowed by law.
- Pay credit grantor any handling fees associated with returned checks from applicant.
- In the event applicant fails to pay credit grantor all amounts due hereunder, credit grantor will be entitled to collect all reasonable costs of collection, attorneys fees and court costs.
- The validity, interpretation and performance of this Agreement shall be construed in accordance with the law of the state in which the Services are performed.

The above information is correct to the best of my (our) knowledge and I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. I (we) further represent that I (we) have the financial ability and willingness to pay all invoices within established terms.

Signature	Title (if applicable)	Date

Signature	Title (if applicable)	Date