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Stamford, CT 06907
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City Carting
Greco Carting
Aadvantage Waste
City Confidential Shredding
www.citycarting.net

CREDIT APPLICATION

Credit Line Request: \$ _____ Est. Monthly Business: \$ _____ Salesperson: _____

We thank you for your inquiry and appreciate the opportunity to be of service to you. To help us establish an open credit line for you, we request that you execute this Agreement and furnish us with the names, addresses, and account numbers of three (3) trade references and up to three (3) bank references. Please provide complete information, as missing information will further delay the completion of this process. Your prompt compliance with the above request will help us to expedite your firm operating on an open account basis. Please allow 5 to 7 business days for the approval process once we receive all information back from your references.

Legal Business Name: _____ Fed ID or SS#: _____

Other Names (DBAs or other Trade Names): _____

Type of Business (*Circle one*): Sole Proprietor / Corp / LLC / Partnership Date Business Established: _____

Business Address: _____ City, State, Zip: _____

Business Phone: (____) ____ - _____ Business Fax: (____) ____ - _____

Have we serviced you previously? Yes / No If Yes, when was last service? ____ / ____ / ____

What services are you seeking for us to provide? Trash/Recycling Services C&D Dumpsters Transfer Station

Principles and/or Officers of Corporation:

Name: _____ Title: _____

Home Address: _____ City, State, Zip: _____

Phone: (____) ____ - _____ Social Security #: _____ - _____ - _____

Name: _____ Title: _____

Home Address: _____ City, State, Zip: _____

Phone: (____) ____ - _____ Social Security #: _____ - _____ - _____

CORPORATE AUTHORIZATION

In consideration of City Carting Holding Company, Inc. (referred to herein as "City") extending credit to Applicant, Applicant agrees to pay for all materials and services delivered to or at request of Applicant by City in accordance with our terms. All accounts are due and payable upon receipt of invoice. Applicant acknowledges that a service charge shall be payable to City by applicant, at a rate of 1.5% of the invoice amount per month on any overdue balance. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and reasonable attorney's fees in addition to all other sums due. The applicant also authorizes City to charge a credit card when provided. The undersigned warrants that he/she has read the above agreement and understands the same.

I give my consent to have City obtain any and all information regarding depository accounts, credit accounts, and all other credit matters which they may require in connection with my application for credit. I further authorize city to obtain credit and financial information at any time and from any source.

Name of Applicant

Signature

Date of Application

PERSONAL GUARANTEE

I assume personal and individual responsibility and liability on the terms set forth above and further guarantee payment of all fees for carting and refuse collection and removal services and other charges due and payable to City by the company and/or person listed herein.

Name of Applicant

Signature

Date of Application

For official use only:

REFERENCES SHEET

Please provide complete information, especially phone, fax and account numbers. Thank you.

Trade References

Bank References

Company: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Contact: _____
Phone #: _____
Fax #: _____
Account #: _____

Bank: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Contact: _____
Phone #: _____
Fax #: _____
Account #: _____

Company: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Contact: _____
Phone #: _____
Fax #: _____
Account #: _____

Bank: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Contact: _____
Phone #: _____
Fax #: _____
Account #: _____

Company: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Contact: _____
Phone #: _____
Fax #: _____
Account #: _____

Bank: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Contact: _____
Phone #: _____
Fax #: _____
Account #: _____

CREDIT CARD INFORMATION

Name on Card: _____ Card Billing Address: _____
Card #: _____ Exp. Date: _____ Security Code: _____