



CREDIT APPLICATION and AGREEMENT

Please print clearly and return this form to Wastequip -
 Attn: Christine McDaniel, 15629 Clayton Avenue, Rosemount, MN 55068 or Fax to: 1-651-437-2272

Firm Name (Complete Legal Name):		
Parent Company, if Subsidiary:		Credit Limit Requested:
Type of Business: Sole Proprietorship: _____ Partnership: _____		Main Business Phone:
Municipality: _____ Corporation: _____ LLC: _____ Other _____		Main Business Fax:
Description of Business:	Tax ID#:	Years Est.:
Business Address:	State:	Zip:
City:	Does your business or any affiliates have credit terms with any other Wastequip location? Specify locations:	
Tax Exempt: Yes _____ No _____ (If Yes, please provide Tax Certificate)		Do you use Purchase Orders: Yes _____ No _____
Owners/Partners/Officers:		Title:
		Title:
		Title:
A/P Contact: Billing Address:	A/P Phone: A/P Fax:	A/P Email:
BANK REFERENCES: List past 5-years: bank name, account #, address, phone, fax, contact name, and email address		
		Email:
Bank Acct#:	Bank Phone:	Bank Fax:
TRADE REFERENCES: Please furnish four (4) trade references along with phone #, fax #, and email address:		
1. Name:	Phone: Fax:	Email:
2. Name:	Phone: Fax:	Email:
3. Name:	Phone: Fax:	Email:
4. Name:	Phone: Fax:	Email:

I agree to Wastequip's standard terms and conditions to include payment terms of Net 30-days from date of invoice. In the event that the account is not paid according to the terms set forth in this application and agreement and on the invoice, the firm agrees to pay a Finance Charge of 1.5% per month on all delinquent amounts. It is also understood and agreed that shipments and freight pickup may be curtailed until the account is brought current and that all costs of collection, including reasonable attorney fees if incurred, will also be the responsibility of the firm.

I certify that all of the above information furnished is correct, that the firm is not insolvent, and that if the firm is a corporation, it is in good standing. I am authorized to bind the firm to this agreement and hereby give authorization for the above listed credit references to release any applicable credit information. If firm is corporation, signature below must be an officer. If firm is a partnership, signature below must be a partner. If firm is a sole proprietorship, signature below must be proprietor.

By checking this box I authorize Wastequip to release the information above to others for the purpose of securing financing.

Authorized Name: _____ Authorized Signature: _____

Title: _____ Date: _____

FOR INTERNAL USE ONLY

Customer #:	\$ Approved Credit Limit:	\$ Amount of Pending Order:
Credit Approved by:	Date:	Secondary Approval by: _____ Date: