

**THE SUN COMPANIES
ROLLOFF RECYCLING
CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION

Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	Zip Code:	
Date business Commenced:		Fed EIN :	
Sole Propriertship:	Partnership	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary Business Address:		
City:	State:	Zip:
How Long At Current Address?		
Bank Name:		
Bank Address:		
City:	State:	Zip:
Contact:	Phone:	
Type of Account:	Account Number:	

TRADE REFERENCES

Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:
Type of Account:	Contact:	
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:
Type of Account:	Contact:	
Company Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:
Type of Account:	Contact:	

Agreement

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within three (3) business days.
3. By submitting this application, you authorize Sun companies to make inquiries into the banking and business/trade references that you have supplied.
4. If the entity named in this application is a corporation, the signature(s) below shall be binding to both the individual and the corporation named.

Signatures

By:	By:
Title:	Title:
Date:	Date: