UNITED

LIQUID WASTE RECYCLING, LLC

an LJP Company

CREDIT APPLICATION

DATE: _____

CONTACT NAME: _____

COMPANY NAME: FAX:

ADDRESS: PHONE:

CITY: STATE: ZIP CODE:

FULL NAME OF OWNER(S) OR AN AUTHORIZED OFFICER OF THE CORPORATION:

PLEASE CHECK ONE: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

FEDERAL ID NUMBER/SOCIAL SECURITY NUMBER:

WASTE HAULER TAX EXEMPTION CERTIFICATE# (IF APPLICABLE)

TYPE OF BUSINESS: DATE STARTED:

LOCATION:

TRADE REFERENCES

NAME	ADDRESS	CONTACT NAME	PHONE	FAX
1				
2				
3				

NAME OF BANK	ADDRESS	PHONE	FAX

APPLICANT'S SIGNATURE ***(Must be of a signer on file at bank referenced above)*** **ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNE$S TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:**

1. **TERMS OF NET 30 DAYS FROM INVOICE DATE UNLESS PROGRAM TERMS DIFFER.**
2. **A SERVICE CHARGE OF 1.5% PER MONTH WILL BE ASSESSED ON ALL PAST DUE INVOICES.**
3. **A SERVICE CHARGE OF $25.00 WILL BE ASSESSED FOR EACH CHECK RETURNED UNPAID.**
4. **IF CREDIT IS NOT APPROVED FOR ANY REASON, RE-APPLICATION WILL NOT BE ACCEPTED FOR 6 MONTHS.**

THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON THE SECOND PAGE IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

BY _____

TITLE

BY _____

TITLE

PLEASE INCLUDE A COPY OF WASTE HAULERS EXEMPTION CERTIFICATE, IF APPLICABLE.

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