

Monroe's Rubbish Removal, Inc.

Credit Application For A Business Account

BUSINESS CONTACT INFORMATION

Title _____ Date Commenced _____
Company Name _____ Sole Proprietorship
Phone/Fax _____ Partnership
Email _____ Corporation
Street Address _____ Other _____
City, State Zip Code _____

CREDIT REFERENCES

Bank Name _____ Years Associated _____
Business Address _____ Accounts: Savings
City, State ZIP Code _____ Checking
Phone/Fax _____ Other

Bank Name _____ Years Associated _____
Business Address _____ Accounts: Savings
City, State ZIP Code _____ Checking
Phone/Fax _____ Other

BUSINESS/TRADE REFERENCES

Company Name _____ Phone _____
Address _____ Fax _____
City, State ZIP code _____ Email _____

Company Name _____ Phone _____
Address _____ Fax _____
City, State ZIP code _____ Email _____

Company Name _____ Phone _____
Address _____ Fax _____
City, State ZIP code _____ Email _____

AGREEMENT/SIGNATURE

1. All invoices are to be paid 15 days from date of Invoice. Claims arising from invoices are to be made within 7 working days.
2. By submitting this application, you authorize **MONROE'S** to make inquiries into the references that you have supplied.

Signature _____ Date _____

Printed Name _____ Title _____