



So Cal Sanitation LLC
 163 Sixth Ave
 City of Industry, CA 91746
 P (800) 850-8871 F (626) 333-2949

CREDIT APPLICATION

Company Name: _____
 Company Address: _____
 Billing Address: (if other than above) _____
 Phone: _____ Fax: _____ Accounts Payable Contact: _____ Phone: _____
 Form of Business: Sole Proprietorship Partnership Corporation Date Bus. Started: _____
 Federal Tax ID#: _____ Duns #: _____ Contractor Lic #: _____
 State in Which Incorporated: _____ Date of Incorporation: _____
 Type of Business: _____

Requested Credit Amount: _____

Proprietor(s) / Partner(s) / Officer(s) Information

A Partner/Sole Proprietor Must Provide a Social Security Number to Attain an Approval for Credit Terms

1. _____
 Name Title Residence Street Address/City, State, Zip Social Security #
 2. _____
 Name Title Residence Street Address/City, State, Zip Social Security #

Bank Reference

Bank Name: _____ Bank Contact: _____ Contact Telephone: _____
 Account #: _____ Street Address/City, State, Zip: _____
 Type of Account: Checking Savings

Open Account Credit has been established at the following:

1. _____
 Firm Name Street Address / City, State, Zip
 Business Phone: _____ Business Fax: _____ Account #: _____
 2. _____
 Firm Name Street Address / City, State, Zip
 Business Phone: _____ Business Fax: _____ Account #: _____
 3. _____
 Firm Name Street Address / City, State, Zip
 Business Phone: _____ Business Fax: _____ Account #: _____

Terms and Conditions of Sale

Terms & Conditions: Net 30 days past and thereafter; all accounts 30 days past due are subject to a late payment charge of 1 1/2 % per month or the maximum allowed by law. Purchaser agrees to pay all reasonable collection costs and attorney's fees necessary to collect past due amounts. The above information is for the purpose of obtaining credit and is warranted to be true. Application is authorization for the release of credit information to So Cal Sanitation LLC. I/We hereby authorize So Cal Sanitation LLC to investigate the references listed pertaining to my/our credit and financial responsibility. Past due balances sixty (60) days or more will be automatically charged to the credit card provided at initial order.

 Signature of Owner, Officer or Authorized Representative

 Print Name Title Date

 Signature of Owner, Officer or Authorized Representative

 Print Name Title Date

Mail or Fax to: So Cal Sanitation, ATTN: Credit Dept., 163 Sixth Ave, City of Industry, Ca 91746 F (626) 333-2949