



CREDIT APPLICATION

DATE: _____

CONTACT INFORMATION:

FIRST:	LAST:	M.I.
BUSINESS NAME:		TAX I.D. NUMBER:
ADDRESS:		
STREET:	CITY:	ST: ZIP CODE: PHONE:

COMPANY INFORMATION:

TYPE OF BUSINESS:	
LEGAL FORM UNDER WHICH BUSINESS OPERATES:	YEARS IN BUSINESS:
LIMITED LIABILITY COMPANY <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> C CORPORATION <input type="checkbox"/>	
GENERAL PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> S CORPORATION <input type="checkbox"/>	
IF DIVISION / SUBSIDIERY, NAME OF PARENT COMPANY:	
NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS: TITLE:	
ADDRESS:	
STREET:	CITY: ST: ZIP CODE: PHONE:
NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS: TITLE:	
ADDRESS:	
STREET:	CITY: ST: ZIP CODE: PHONE:

BANK REFERENCES:

INSTITUTION NAME:	INSTITUTION NAME:	INSTITUTION NAME:
CHECKING ACCOUNT #:	SAVINGS ACCOUNT #:	HOME EQUITY LOAN LOAN BALANCE
ADDRESS:	ADDRESS:	ADDRESS:
PHONE:	PHONE:	PHONE:

TRADE REFERENCES

COMPANY NAME:	COMPANY NAME:	COMPANY NAME:
CONTACT NAME:	CONTACT NAME:	CONTACT NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE:	PHONE:	PHONE:
ACCOUNT OPENED SINCE:	ACCOUNT OPENED SINCE:	ACCOUNT OPENED SINCE:
CREDIT LIMIT:	CREDIT LIMIT:	CREDIT LIMIT:
CURRENT BALANCE:	CURRENT BALANCE:	CURRENT BALANCE:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and condition to determine the amount and conditions of the credit to be extended. Furthermore, by signing I/we hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

By signing below applicant agrees when credit is accepted by El Paso Recycling, Inc. to services provided by El Paso Recycling, Inc. and to make payments on all billings from El Paso Recycling, Inc. for services rendered with net 15 day terms. Late charges will apply for any payments received after the due date. Failure to make payment may result in service stoppage, lock out of the indebted company, and stoppage of load reports, reporting of non-payment to credit agencies, mechanics liens, or claims courts proceedings. Service charges of \$225.00 per container will apply for activity of less than 1 pull/service per container per month. Accepted and agreed to:

Signature: _____ Date: _____ Title: _____

PHYSICAL ADDRESS
12520 E. PELLICANO, EL PASO, TX 79928

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