

**NORCAL WASTE SYSTEMS – THE COMPOST STORE, INC.**

**CREDIT APPLICATION**

Name of Firm: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State: \_\_\_\_\_ How long: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City/State: \_\_\_\_\_ How long: \_\_\_\_\_

Ownership\_\_ Corporation \_\_ Partnership \_\_ Proprietorship \_\_ Other \_\_ (explain)

Owner's Name(s): \_\_\_\_\_

Description of business: \_\_\_\_\_

At present location since: (date) \_\_\_\_\_ Year established: \_\_\_\_\_

Your bank: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Acct #: \_\_\_\_\_ Type of account:      Checking: \_\_ Savings: \_\_ Other: \_\_

Credit limit requested: \$ \_\_\_\_\_

**CREDIT REFERENCES**

Minimum of Three Open Accounts

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Type of business: \_\_\_\_\_

**CREDIT DISCLOSURE STATEMENT**

Applicant represents that all statements and information are true and correct and hereby authorize verification of the above items including, but not limited to the obtaining of a credit report and agrees to furnish additional credit references upon request.

**Payment Terms**

In the even credit is approved, payment is to be made within 30 days from the billing date. Customer agrees to pay 1.5% per month interest on all delinquent balances.

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_