

BRANDYWINE DISPOSAL, INC.
5800 Sheriff Road, Fairmont Heights, MD 20743
301-925-8100 * Fax 301-925-7826

*******CREDIT APPLICATION*******

Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

What Company are you currently using for Rolloff Services? _____

Company Type _____ Years in Business ____ Fed ID # _____

Have you operated under any other company name? Yes [] No []

If yes, what company name? _____

Ownership: Sole Proprietor [] Partnership [] Corporation (State __)[] Joint Vent []

Pres./Partner/Owner _____ Ownership: _____%

Vice Pres./ Partner _____ Ownership: _____%

Secretary/Partner _____ Ownership: _____%

Treasurer _____ Ownership: _____%

*******BANK INFORMATION*******

Bank _____ Acct No. _____

Branch (City, State) _____ Bank Rep _____

Telephone _____ Fax _____

*******CREDIT REFERENCES*******

	Name	Telephone	Fax No.(REQUIRED)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please specify any billing requirements:

Purchase Orders [] Job Numbers [] Other [] _____

Are you Tax Exempt? Yes [] No [] If yes, specify state(s) _____

If you are tax exempt, please provide exemption certificate with this application

Contact Persons:

Purchasing: _____ Phone: _____

Finance: _____ Phone: _____

Accounts Payable: _____ Phone: _____

**THE UNDERSIGNED REQUESTS CREDIT IN THE AMOUNT OF \$ _____
(Required)**

The undersigned hereby states that the above information is correct, and agrees to pay for any and all charges to our account within 30 days of invoice date for services of, but not limited to, construction demolition containers or flusher truck rental. In the event that charges on our account remain unpaid for a period of more than 30 days, the undersigned agrees to pay finance charges on the outstanding balance at the monthly rate of 1 ½%, computed monthly from the date of the invoice. In the event that this account is referred to a collection agency or attorney for collection and in consideration of the extension of credit by Brandywine Disposal, Inc., the undersigned does hereby authorize any attorney of record to appear in a court record in the State of Maryland or in the state of the undersigned’s domicile, at the option of Brandywine Disposal, Inc. and confess judgment against the undersigned for all unpaid balances or other monies, including finance charges and interest due to Brandywine Disposal, Inc., reasonable attorney’s fees not less than 25% of the unpaid balance of principle and interest, and costs of suit; and the undersigned also waives the issuance and service of process and consents to the immediate execution on any judgments that may be obtained by confession. The undersigned agrees that title to all products purchased from the company shall remain in the company until payment therefore, including related charges, is made in full. The undersigned hereby recognizes further extensions of credit including opening other accounts, are subject to the same terms hereof.

***Document contains statement
of confession of judgment.***

By affixing their signature hereto below, any personal guarantors hereto agree that they are jointly liable for charges and costs incurred pursuant to this agreement by the applicant.

Signature of Guarantor

Signature of Company Officer

Please print name and Title

Please print name and Title

Home Address

Date

City, State, Zip

SEAL

Witness Signature

IF YOU ARE A CORPORATION, A CORPORATE
SEAL IS REQUIRED FOR THIS APPLICATION TO
BE PROCESSED

Witness Printed Name and Telephone No.

BRANDYWINE DISPOSAL, INC.

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**BANK REFERENCE
AUTHORIZATION**

This section to be completed by customer/applicant:

Dear Applicant:

In order to process your credit application as quickly as possible, your bank must receive authorization from you to provide us with a banking reference. Please fill out the information below and return it with your completed application.

I hereby authorize my bank, _____, to furnish Brandywine Disposal, Inc. with the necessary information to establish my account.

Account Name: _____

Account Number: _____ Type: Checking [] Savings [] Both []

Date Opened: _____ Branch: _____

Branch Address: _____

Bank/Phone: _____ Bank/Fax: _____

Signature: _____ Title: _____
(Authorized Account Signer)

Print Name: _____ Date: _____

This section to be completed by a bank representative:

To the Bank Named Above:

Please provide to Brandywine Disposal, Inc. the following information and fax to Credit Dept., 301-925-7826.

Type of Account: _____
(Checking) (Other Account)

Figure Range: _____ Date Account Opened: _____

Yearly est. NSF checks: _____ Account Rating: _____

Bank Representative: _____ Title: _____

Signature: _____ Date: _____

