

## CREDIT APPLICATION

Accounts Payable Contact: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### I. COMPANY INFORMATION

Company Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business (Partnership, Corp.): \_\_\_\_\_ Years in Business: \_\_\_\_\_

### II. PARTNERS OR CORPORATION OFFICERS

Name	Title	Telephone

### III. BANK REFERENCES

Bank Name & Address	Account Number(s)	Contact Name & Phone

### IV. TRADE REFERENCES (Vendors Only) MUST INCLUDE FAX#S OR EMAIL\*\*

1.	Ph.	Fax.
2.	Ph.	Fax.
3.	Ph.	Fax.
4.	Ph.	Fax.
5.	Ph.	Fax.

**\*\*IMPOR TANT: In o rde r to avo id de lay in cre dit approval, ple ase ve rify that all fax numbe rs o r e mail addre sse s are co rre ct.**

I certify that the proceeding information is true and correct, and that I can and will comply with the terms and conditions of such credit as expected by Enviro-Guard. Standard Terms Granted are NET 30 days, with a delinquency of 1.5% per month (18% per annum) on account balances past due after 30 days, plus all costs of collections, suit and reasonable attorney fees. Customer hereby authorizes Enviro-Guard to contact any or all of the above listed banks and trade references for credit verification purposes. References with incomplete/inaccurate information will not be contacted.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

CORPORATE OFFICER/OWNER, ONLY

Pease print name: \_\_\_\_\_ Date: \_\_\_\_\_

**E-Mail or FAX to Enviro-Guard at (714) 563-0069 | Incomplete/Unsigned applications will be rejected**