

ALLSTATE WASTE CREDIT APPLICATION  
P.O. BOX 162607  
ATLANTA, GA 30321  
PHONE (404) 361-9030 FAX (404) 299-4643

Credit Application Date: \_\_\_\_\_  
( ) Corporation ( ) Individual ( ) Partnership

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

Business Phone: \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(Street) (City State Zip)

**Corporate Officers/Individual Owner/Partners:**

Name	Title	Home Address	Home Phone	8.8.#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Type of business: \_\_\_\_\_ Years in business: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Purchase Order required: Yes ( ) No ( )

Persons authorized to purchase: \_\_\_\_\_

Trade References: (List 3, include company name, full address, and phone #)

**1** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone# \_\_\_\_\_

**Bank and Finance Companies:**

BANK NAME	ADDRESS	TEL#	ACCOUNT#
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**1** \_\_\_\_\_

**2** \_\_\_\_\_

The undersigned understands and acknowledges that our invoice terms require payment with net amount due within 15 days following the date of your invoice and agrees that past due balances shall be assessed a interest rate of 1.5% of past due balance. If any indebtedness due and owing is not paid as agreed the undersigned agrees to pay a reasonable attorney's fee plus all costs of collection and all other costs and expenses which may be incurred by Allstate Waste, Inc. relative to collection of the indebtedness. All bills are due and payable at P.O Box 162607 Atlanta, GA 30321.

Print name/title of signer: \_\_\_\_\_

Signature of Owner/Officer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_