

PREFERRED DISPOSAL/PREFERRED RENT-A-JON

CREDIT APPLICATION – Fax back to 336-945-6262

Date of Application: / / 200

Company Name:

Trading As:

Principal Business activity:

Contact Name:

Position in Company:

Contact Email Address:

Company Web Address:

Address:

 City:

 State:

 Postal Code:

Telephone Number:

Fax Number:

If affiliate/subsidiary, indicate parent company:

Percentage owned:

Mail Invoice to:

Length of time in business:

Owner / Managing Director:

Product(s) Made:

Service Performed:

Indicate if Sole Proprietor, Corporation, Partnership, LLC:

Annual Sales Volume:

Number of employees:

Are Purchase Orders used?

Application Completed by:

Signature:

Position in the company:

I agree that the terms and conditions of Preferred Disposal/Rent-A-Jon will govern all credit transactions.

SECTION 2

Bank Account Information

Account #:

Name:

Contact Name:

Address:

City, Postal Code:

Phone:

Trade Reference #1

Name:

Address:

City, Postal Code:

Type of Business:

Payment Terms/Account #:

Phone:

Trade Reference #2

Name:

Address:

City, Postal Code:

Type of Business:

Payment Terms/Account #:

Phone: