



# CREDIT APPLICATION

The undersigned is applying for credit with **TrashTaxi** (the “Company”) and agrees to abide by the terms and conditions of the Company’s standard contract.

## 1 APPLICANT INFORMATION

Legal Name of Applicant	
Trade Name	
Address (Street, City, Province/State, Country and Postal/Zip Code)	

## 2 CONTACT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Contact Name			
Title			
Telephone		Fax	
E-mail Address			
Website			

## 3 YOUR BUSINESS

Legal Status	<input type="checkbox"/> Incorporated <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other <i>Please specify:</i>		
Place of Incorporation / Registration			
Ownership / Parent Company			
Nature of Business			
Type of Business	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Trading House <input type="checkbox"/> Contractor <input type="checkbox"/> Services <input type="checkbox"/> Other <i>Please specify:</i>		
Year Established		Number of Employees	
Annual Sales			

Brief description of type of products/services that you will purchase:


**4 CREDIT INFORMATION**

Amount of Credit Requested	\$
Have you or any of your affiliates ever had credit with us before or purchased from us before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what name?
Name and title of persons authorized to act on your behalf:	

**5 BANKING INFORMATION**

Name of Your Bank			
Contact Name			
Address (Street, City, Province/State, Country and Postal/Zip Code)			
Telephone		Fax	
E-mail Address			

**6 TRADE REFERENCES**

Company Name			
Contact Name			
Address (Street, City, Province/State, Country and Postal/Zip Code)			
Telephone		Fax	
E-mail Address			

Company Name			
Contact Name			
Address (Street, City, Province/State, Country and Postal/Zip Code)			
Telephone		Fax	
E-mail Address			

Company Name			
Contact Name			
Address (Street, City, Province/State, Country and Postal/Zip Code)			
Telephone		Fax	
E-mail Address			

Contact Name: \_\_\_\_\_

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

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

Date: \_\_\_\_\_