

CAROLINA DISPOSAL SERVICE INC.

POBOX 1254 WELCOME NC 27374 (336)7317777 Ph (336)7314098 Fax

Credit Application

The undersigned is applying for credit with CAROLINA DISPOSAL Service, Inc. and agrees to abide by the terms and conditions of the company's standard service contract.

1. COMPANY INFORMATION

Full Legal Name/Business Entity :	Phone #:	Fax #:
Doing Business As (DBA):		
Address:	City/State/Zip:	
Company Type (Choose One):		Other:
General Description/Nature of Business:		

2. BUSINESS CREDIT INFORMATION

Federal Tax LD (if incorporated):	Incorporation in what state:	D&B Account #:
Year Business Established	At present location since:	

3. BANK REFERENCES

Bank Name:	Account #:	Contact:
Address:	City/State/Zip:	Phone #:
Bank Name:	Account #:	Contact:
Address:	City /State/Zip:	Phone #:

4. CREDIT REFERENCES

Company Name:	Account # /Contact:	Phone # -
Address-	City/State/Zip:	Fax #:
Company Name:	Account #/Contact:	Phone #:
Address:	City/State/Zip:	Fax #:
Company Name:	Account #/Contact:	Phone # -
Address:	City /State/Zip:	Fax #: