



LANDFILL REDUCTION AND RECYCLING, INC.

Credit Application

Company Name: _____

Main Phone: _____

Alternate / Cell Phone: _____

Fax: _____

Bill to: _____

Operating Location: _____

Type of Business: _____

Year Started: _____

President: _____

Managing Office: _____

Accts Payable Contact _____

Accts Payable Email: _____

Bank Informaton

Bank Reference Name: _____

City/State: _____

Officer: _____

Phone: _____

Fax: _____

I authorize the release of bank credit information to Landfill Reduction & Recycling Inc credit department

Signature: _____

Trade References

1. Name, City, State: _____

Phone: _____

Fax: _____

2. Name, City, State: _____

Phone: _____

Fax: _____

3. Name, City, State: _____

Phone: _____

Fax: _____

*Terms are Net 30 days

Signature: _____

Title _____

Date: _____