

# Customer Information and Credit Application

Which company would you like to open an account with?  Glenn Company Portable Restrooms  ASAP Waste Disposal

Date  How did you hear of us?

Account name  Yrs. in business

Mailing address  Office phone

Physical location  Office fax

Contact  Contact phone

A/P Contact  Is PO required  A/P phone

E-mail address  May we e-mail invoices and statements?

Personal  Corporation  LLC  Sole Proprietor  Partnership Tax ID or SSN

Business name as listed with the Secretary of State

Operating name of business

Owners / Officers / Stockholders Have any owners or officers ever filed bankruptcy?  If yes, who & when?

Name	Address	Phone	Title	% Owned	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Invoices typically paid in \_\_\_ days  Payment tender to be used:  Cash  Check  Credit Card

Bank Reference  Address

Trade Reference: Name Address Phone Account # How long have you been a customer?

#1

#2

**MUST BE SIGNED BY OWNER:** I understand the information furnished on this page is for the purpose of obtaining credit and I am authorized in my capacity, to bind my firm accordingly. I certify that all information provided on this page is true and accurate.

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

Printed Name  Office held