

**ROADRUNNER DISPOSAL SERVICES, INC.**

3084 CHESTNUT DRIVE, DORAVILLE, GA 30340

PHONE: 770-220-1859 FAX: 770-776-3150

CREDIT ACCOUNT APPLICATION

NAME OF COMPANY \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

BILLING CONTACT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS UNDER CURRENT NAME: \_\_\_\_\_

CHECK ONE: \_\_\_\_\_ CORPORATION, FEDERAL ID # \_\_\_\_\_

\_\_\_\_\_ SOLE PROPRIETORSHIP, SS # \_\_\_\_\_

\_\_\_\_\_ PARTNERSHIP, NAMES & SS # \_\_\_\_\_

\_\_\_\_\_ LLC, FEDERAL ID # \_\_\_\_\_

PRINCIPALS HOME ADDRESS \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

**REFERENCES**

LIST THREE REFERENCES THAT YOU HAVE DONE BUSINESS WITH IN THE PAST TWO YEARS

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX #: \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX #: \_\_\_\_\_

NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX #: \_\_\_\_\_

I hereby authorize the business to whom this application is made to check my individual credit history in connection with a business transaction involving the firm making this application.

All charges are payable within 30 days of the invoice date. A 1.5% finance charge will be added to amounts not paid within terms. Should the account be assigned to a collection agency or attorney for collection, all collection and legal fees shall be paid by the Applicant.

The Applicant company, through its authorized officer, requests that an account be opened subject to the above terms and certifies the above information to be correct.

Personal Guarantee: In consideration of all credits, advancements, accounts, and purchases granted to Applicant, the undersigned jointly and severally, guarantees to pay, without grace or demand, all unpaid obligations of the Applicant company now or hereafter owing to Roadrunner Disposal Services, Inc.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_