APPLICATION FOR CREDIT

Please print and complete this form.
Fax: 219.977.4130.
Or Mail: 100 Blaine Street
Gary, IN 46406

DATE: _____

Responsible Party

Company Name:	Contact:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
Business Type (please circle one):	Sole Proprietorship / Partnership / Corporation	
If Incorporated – Date of Incorporation:	State of Incorporation:	
If Business – FEIN:		
If Individual – SSN:	Drivers License #:	DOB:

Owners/Principles

Name:	Title:	
Address:	Phone:	
City:	State:	Zip:
Name:	Title:	
Address:	Phone:	
City:	State:	Zip:
Name:	Title:	
Address:	Phone:	
City:	State:	Zip:

Bank Reference

Name:	Contact:	
Address:	Phone:	
City:	State:	Zip:
Checking Account Number:		

The undersigned, for the purpose of establishing credit with Total Disposal, Inc. and to induce Total Disposal, Inc. to allow above applicant to become indebted to Total Disposal, Inc. for services and materials provided, furnishes the above credit information. The undersigned certifies that all information in the application is complete, factual and correct and understands Total Disposal, Inc. is hereby authorized to contact any parties listed on this application and to verify any information contained in this application. The undersigned waives any privacy of credit information rights or regulations.

Should any information in this application provided by applicant prove to be untrue, the undersigned agrees that all obligations of applicant due Total Disposal, Inc. shall immediately become due and fully payable without demand or notice.

In making this application for credit, the undersigned applicant agrees to pay all invoices **within thirty (30) days from date of invoice** and to pay a service charge of 1 ½% per month, which is an annual percentage rate of 18% on all overdue balances. In the event legal action is necessary to collect any amount, the customer agrees to pay Total Disposal, Inc. reasonable attorney fees and costs including attorney fees for appeal.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____