HANDS ON RECYCLING ®

Credit Application

Please Fax To: (727) 577-6366

Business Name: _____
Physical Address: _____City _____State _____Zip_____
Mailing Address: _____City_____ State ____Zip_____
Phone#_____Fax#_____
Contact Name: _____Phone#_____Ext_____
Type of Business: _____ Years in Business_____
Number of Employees: _____ Number Of Clerical Employees: _____
Tax Exemption No: (Provide only if Purchase Will Be Tax Exempt) _____
(Copy of Tax Exemption Certificate Must Be Submitted With This Application)

Indicate Company Structure

Corporation: _____ _____ _____
President Vice –President Secretary
Partnership: _____ _____
Partner Partner
Sole Proprietor: _____ S/S#_____
Individual
Federal I.D. #_____

Have you or any of this company's principals been involved with a business which has failed or filed bankruptcy? No ( ) Yes ( ) If yes please include a letter of explanation.

Amount of purchases you anticipate per month: $_____Statement monthly: **yes / no**

Bank Information

Bank Name: _____ Acct. No._____
Bank Name: _____ Acct. No._____

Purchaser agrees to pay all cost of collecting or securing, or attempting to collect or secure this Account, including a reasonable attorney's fee, weather the same is to be collected, or secured by suit or otherwise. Service charge of 1 1/2% per month (18% Per Annum) shall be charged on all accounts showing a balance after 30days.

Signature and Title of Authorized Individual:

Signature:_____Title_____Date_____
Type or Print Name Signed Above: _____

Office Use Only

Reviewed By:_____ Approved By:_____ Rep#_____
Account # _____Discount %_____Contract#_____
School or Non Profit Requested:_____
Special Handling / Comments: _____