USA Waste and Recycling PO Box 630 East Windsor, CT 06088 PH# 860-746-3200 FAX # 860-741-3934

Email: prolandini@usarecycle.com

How to submit credit application: Please submit your credit application via email, fax or USPS regular mail using the above information.

CONTRACTOR CREDIT APPLICATION

WORK#

D.U.N.S #

FIRM NAME:			HOME #			
PO BOX:			CELL #		FAX #	
PHYSICAL ADDRESS:			TAX I.D.:	SALES TA	X EXEMPT #:	
CITY/ST/ZIP:						
# YEARS IN BUSINESS:	BUSINESS TYPE:	LLC LLP	CORP NON PROFIT	SOLE PROPIETOR PARTNERSHIP	OTHER- Enter Below:	
	NAMESA		RESSES OF OWNERS			
NAME:	ADDRESS:		KLOOLO OT OVIVETKO	SS#	TITLE:	
NAME:	ADDRESS:			SS#	TITLE:	
NAME:	ADDRESS:			SS#	TITLE:	
		-	TRADE REFERENCE			
	(Credi		its Accepted with Signed			
NAME:		TEI	: :	FAX:		
ADDRESS:		CIT	Y:	STATE:	ZIP:	
EMAIL & NAME OF CON	VTACT AT BUSINESS:					
NAME:		TEI	:	FAX:		
ADDRESS:	CITY:			STATE:	ZIP:	
EMAIL & NAME OF CON	TACT AT BUSINESS:					
NAME:	TEL:			FAX:		
ADDRESS:	CITY:			STATE:	ZIP:	
EMAIL & NAME OF CON	VTACT AT BUSINESS:					
		B	ANK REFERENCE			
NAME:	ACCT#			TEL:		
ADDRESS:	CITY:			STATE:	ZIP:	
AUTHORIZATION TO	VERIFY BANK REFERENCE:					
		DEDS	ONAL GUARANTE	=		
In consideration of open	ing an account in the name of said c				ee all bills and charges to said acc	ount,

In consideration of opening an account in the name of said company above, I/We hereby individually and personally guarantee all bills and charges to said account, and agree to be bound by all terms and conditions of sale. I/We understand and agree that All American Waste, LLC, USA Hauling & Recycling, Inc., / USA Waste & Recycling, Inc., / F&G Recycling, LLC., / Murphy Road Recycling, LLC., may seek to collect all sums due on the account of the above company from me/us without first demand upon the company.

Signature:		Signature:
Name:		Name:
Date:	Typed or Printed	Typed or Prii Date: