

**Oconee Waste Transport**  
**Confidential Credit Application/Contract**  
**Please Complete In Full**

**1183 Experiment Station Road**  
**Watkinsville, GA. 30677**  
**(706) 769-1700**  
**(706) 769-1333 Fax**

**Date** \_\_\_\_\_

We hereby apply for the extension of credit by your firm. The following information is submitted as a basis for your consideration of our application.

Name of Firm or Individual \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Established in year \_\_\_\_\_ Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Type of Business (please specify in detail) \_\_\_\_\_

Purchase Order Required? \_\_\_\_\_

Name of Person Making Application \_\_\_\_\_

Principal Owners or Stockholders:				
Name	Address	Phone	Title	Social Security Number

We expect our monthly credit requirements to be approximately \$ \_\_\_\_\_

Bank Reference \_\_\_\_\_

Address and Phone \_\_\_\_\_

Have you ever taken bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Principal Suppliers (Please List at Least Three)

Name	Address	Phone & Fax	Contact

Address & Phone of Home Office \_\_\_\_\_

Our Terms are Net 10<sup>th</sup> of the Month. Statements are Mailed out on the 25<sup>th</sup> of every month and are expected to be paid in full by the 10<sup>th</sup> of the following month. Any accounts not paid by the 10<sup>th</sup> of the month will be subject to a 1.5% late fee.

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed \_\_\_\_\_ Printed \_\_\_\_\_ Title \_\_\_\_\_