

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 10th of the Month. Statements are Mailed out on the 25th of every month and are expected to be paid in full by the 10th of the following month. Any accounts not paid by the 10th 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 _____