

Application for Credit

Fax Back To: 262-605-1493
Email Address for
Invoices _____

EXCEL

262-657-0575

DISPOSAL

Chicago Area - Waukegan - Kenosha

Billing Information

Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Circle One
Corporation Partnership LLC Other

Banking Information

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Contact Person: _____ Account #: _____
Account Type: Checking Savings

Company Principals

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____

Trade Reference

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

I (we) certify that all the information on this application is correct. I (we) fully understand your credit terms are net 30 days with finance charges for invoices past due and agree to the proper payment consideration of extended credit. **I (we) also agree that if any invoice goes unpaid, Excel Disposal LLC has the right to bring equal amount of like waste material back to the job site, to be dumped on site. Such waste brought back will be customers responsibility to dispose of.**

Signed _____ Date: _____ Title _____
Print Name _____