

# ATLAS WASTE MANAGEMENT SERVICES, INC. - APPLICATION FOR CREDIT

1306 White Court, Santa Maria, CA 93458 • PO Box 5754, Santa Maria, CA 93456 • Phone 805-928-8689 • Fax 805-928-9190

## COMPANY INFORMATION:

Company Name: \_\_\_\_\_ Contractor's Lic #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City/ State/ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-mail: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Form of Business: ( ) Proprietorship ( ) Partnership ( ) Corporation Fed ID# \_\_\_\_\_

## OWNER INFORMATION:

List Owner(s)/ Address/ Phone #:

\_\_\_\_\_ Phone/ Cell # \_\_\_\_\_

\_\_\_\_\_ Phone/ Cell # \_\_\_\_\_

\_\_\_\_\_ Phone/ Cell# \_\_\_\_\_

Parent Company (if any): \_\_\_\_\_

Job Site Address: \_\_\_\_\_

Owner (of property) of Job Site: \_\_\_\_\_ Cell# \_\_\_\_\_

Address/ Phone of Job Site Owner: \_\_\_\_\_

Bonding Co/ Address: \_\_\_\_\_

Bond#: \_\_\_\_\_ Phone #: \_\_\_\_\_

## BANK REFERENCE:

Bank Name/Branch \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ Account#: \_\_\_\_\_

Fax#: \_\_\_\_\_ Contact Name: \_\_\_\_\_

## TRADE REFERENCES:

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Account #: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Account #: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Account #: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Account #: \_\_\_\_\_

## AUTHORIZATION TO RELEASE BANK AND TRADE INFORMATION/ TERMS:

I hereby authorize the above listed bank and suppliers to disclose any reasonable information requested for the purpose of granting credit to my/our firm. Should it become necessary to collect this account through any attorney, by legal proceedings or otherwise, the undersigned, including endorsers, promise to pay all cost of collection, including a reasonable attorney's fee. I understand that Atlas Waste Management Inc.'s terms are Net due upon receipt. (API to hold the information above in complete confidence.)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Must be owner, officer or partner