

EDIE WASTE, INC.
PO Box 448
Marietta, PA 17547

CREDIT APPLICATION

Company: _____ Date: _____

Billing Address: _____

City, State Zip: _____

Phone: _____ Fax: _____

Billing Contact: _____ Type of Business: _____

Corporation: Partnership: Sole Owner:

Federal Tax ID: _____ Incorporation Date/State: _____

OFFICERS (Name/Title/Home Address/Phone)

1: _____

2: _____

3: _____

BANK INFORMATION

Contact: _____ Phone: _____

Bank: _____ Fax: _____

Address: _____ Account #: _____

City, State Zip: _____

TRADE REFERENCES (Company/Phone/Fax/Contact Person)

1: _____

2: _____

3: _____

AUTHORIZATION AND GUARANTEE

I (we) understand that the information furnished on this page is for the purpose of obtaining credit from your firm. I (we) authorize Edie Waste of Maryland, Inc. to contact any of the parties listed herein for the purpose of evaluating and extending credit.

That I am (we are) authorized in my (our) capacity, to bind my (our) firm accordingly. That all accounts or monies due shall be due and payable at your place of business according to your terms. That all past due amounts, notes or judgments shall automatically be subject to interest at the rate of 18% per annum, shall it become necessary to turn this account over for Third Party collection, I (we) agree to pay all costs of collection including an attorneys fee equal to 30% of any unpaid balance, whether or not suit is filed.

In consideration of credit being extended to the above named firm, I personally guarantee all indebtedness hereunder. This guarantee is unconditional and shall remain in full force and effect regardless of any renewal, extension amendment, assignment, or other modification of said credit application or contract, whether or not guarantor has knowledge thereof. I further agree that this guarantee is an absolute, complete and continuing one and no notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended and/or renewed without notice to me. That I, within five days from the date of notice that the account is past due shall pay the amount due in full plus interest including attorneys fees in such amount as set forth in the credit application.

Signature / Printed Name: _____