



45 Independence Drive
Devens, MA 01434
Ph: 978 772-6500 Fx: 978 772-2060

Credit Application

Company Information

Company Name: _____ Address: _____
Federal ID Number: _____ Phone: _____ Fax: _____
Number of Years in Business: ____ Years Duns #: _____ Email: _____

Vendor References

Name: _____ Address: _____
Contact: _____ Phone: _____ Fax: _____

Name: _____ Address: _____
Contact: _____ Phone: _____ Fax: _____

Name: _____ Address: _____
Contact: _____ Phone: _____ Fax: _____

Name: _____ Address: _____
Contact: _____ Phone: _____ Fax: _____

Bank Information

Bank Name: _____ Address: _____

Account Number _____ Phone: _____ Fax: _____

Bank Name: _____ Address: _____

Account Number _____ Phone: _____ Fax: _____

Authorization

I understand that the above information is provided for the use of the credit department of Devens Recycling LLC to contact and obtain personal and business information from the above listed references and accepted credit bureaus. I hereby authorize that my signature may be photocopied for the purpose of obtaining these credit references. I accept and understand that our terms will be net 15 days and all balances not paid within 30 days will be subject to a 1.5% monthly finance charge. I agree to pay any costs associated with the collection of delinquent charges, which may include attorney and collection agency fees.

I have read and agree to the above terms and will continue to be bound by these terms at all times that my account is active.

Authorized Signature: _____ Title _____ Date: _____

Please Return by Fax 978 772-2060