

APPLICATION FOR CREDIT

Submitted to:
Chambersburg Waste Paper Co., Inc.
2047 Loop Rd.
P O Box 975
Chambersburg, PA 17201
Phone: (717)264-4890 Fax: (717)264-6393
e-mail: recycle@cwprecycle.com

To avoid any delay in processing, complete in full. All information will be held in confidence.

Bill to: _____ Ship to: _____
Name: _____ Name: _____

Division of: _____ Address: _____

Address: _____ City: _____

City: _____ State: _____ Zip: _____

State: _____ Zip: _____ Attn: _____

Phone#: _____ Phone#: _____

Fax#: _____ Fax#: _____

County/Township: _____

GENERAL BUSINESS INFORMATION

Type of Business: _____
____ Individual ____ Partnership ____ Corporation

Are your Sales and/or Use Tax Exempt?
____ Yes (If so, attach exemption certificate) ____ No

Years in business _____ Year/State Incorporated _____

Officers/Owners	Title
_____	_____
_____	_____
_____	_____

Accounts Payable Contact _____

Phone#: _____ Fax#: _____

BANK REFERENCE

Bank Name: _____ Contact: _____

Address: _____

Phone#: _____ Fax#: _____

Checking Account #: _____

Savings Account #: _____

BUSINESS CREDIT REFERENCE

(If this application is for waste hauling services, at least one credit reference should be for a waste hauler)

Name: _____ Contact: _____

Address: _____

Phone#: _____ Fax#: _____

Name: _____ Contact: _____

Address: _____

Phone#: _____ Fax#: _____

Name: _____ Contact: _____

Address: _____

Phone#: _____ Fax#: _____

Name: _____ Contact: _____

Address: _____

Phone#: _____ Fax#: _____

We certify that all information on this form is correct. We further agree to pay by your credit terms of net 30 and to payment of finance charges of 1 1/2% per month on accounts over 30 days.

Name (Printed)

Title

Signature

Date