

KINSLEY'S LANDFILL, INC.

2025 DELSEA DRIVE • SEWELL, N.J. 08080 • PH (856) 227-5477 • FX (856) 227-6578

Landfill Located at: 2025 DELSEA DRIVE, DEPTFORD, NEW JERSEY 08096

Credit Application

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Please complete the following information for the business or person for whom credit is being evaluated.

Business Information

Legal Business Name: _____ EIN: _____
Trade Name or DBA: _____ State of Incorporation: _____
Contact Name: _____ Date Business Established: _____
Street Address: _____ City: _____ State: _____ Country: _____ Zip: _____
Phone: _____ Fax: _____ E-mail address: _____
Type of Ownership: Sole Proprietorship Partnership LLC Corporation Nonprofit Other
If other, describe: _____ Nature of Business: _____
Are there any lawsuits, liens or judgments existing against your firm? Yes No
Amount of Credit Applying for: _____

Trade References: Please provide the name of companies that can serve as trade credit references. Please note that affiliated companies cannot be considered as trade references.

Company Name: _____ Contact Individual: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____ Account #: _____

Company Name: _____ Contact Individual: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____ Account #: _____

Company Name: _____ Contact Individual: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____ Account #: _____

Bank Reference

Bank Name: _____ Account Number: _____
Phone: _____ Fax: _____ Contact Individual: _____ E-mail address: _____

Credit Application

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If the application is for an individual or a business that is a sole proprietorship or partnership, please complete the following information on all individuals whose credit should also be evaluated.

Name: _____ % Owned (if partnership): _____ SSN: _____
Home Address: _____ City: _____ State: _____ Zip: _____

For partnerships, if there is an additional partner who will be responsible for payment, please complete the information below. This additional information may improve our ability to make a favorable credit decision.

Name: _____ % Owned (if partnership): _____ SSN: _____
Home Address: _____ City: _____ State: _____ Zip: _____

Business Owner / Individual Signature:

By signing this application, you authorize Kinsley's Landfill, Inc. to obtain information on you (for individuals) or your business and its principal owner(s) from consumer credit bureaus and others for the purpose of extending credit and authorize any party receiving a credit inquiry from Kinsley's Landfill, Inc. to release any information requested.

All Applicants:

For and in consideration of the extension of credit for services, the undersigned applicant(s) agree(s) to:

- Furnish any additional financial information, including but not limited to current financial statements, personal or corporate, from time to time as requested by the credit grantor, and to inform credit grantor of any material changes in the condition of the applicant (firm).
- Pay any amounts due within stated terms for services and applicant understands that credit can be suspended at the option of credit grantor for payments not so paid. All amounts are due and payable according to the contracted information agreed to the contract.
- Pay a late fee on all past due amounts accruing from the date of the invoice at a rate of eighteen percent (18%) per annum or if less, the maximum rate allowed by law.
- Pay credit grantor any handling fees associated with returned checks from applicant.
- In the event applicant fails to pay credit grantor all amounts due here under, credit grantor will be entitled to collect all reasonable costs of collection, attorney's fees and court costs.
- The validity, interpretation and performance of this Agreement shall be construed in accordance with the law of the state in which the services are performed.

This credit application and agreement must be signed by authorized offices of the company if a corporation, all partners if a partnership, or by the individual applying for a personal account.

The above information is correct to the best of my (our) knowledge and I am (we are) authorized, in my (our) capacity to bind my (our) firm accordingly. I (we) further represent that I (we) have the financial ability and willingness to pay all invoices within established terms.

Signature	Title (if applicable)	Date

Signature	Title (if applicable)	Date

For Internal Use

Set up Coordinator: _____ Code: _____

Anticipated Amount (Billing Period/Job): _____ Sales Representative: _____