



Waste Management Campus

# CREDIT APPLICATION

## COMPANY INFORMATION

COMPANY NAME		TRADE NAME/DBA	
BILLING ADDRESS		CITY/STATE/ZIP	
PHONE #	CELL PHONE #	PAGER #	
E-MAIL ADDRESS		FAX #	
<input type="checkbox"/> PUBLIC CORP. <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> GOVERNMENT	DATE ESTABLISHED	NO. OF EMPLOYEES	FED. TAX ID OR SOC. SEC. #
STATE OF INCORPORATION	YEARS AT LOCATION	ACCTS. PAYABLE CONTACT - PHONE #	

## FULL NAME OF OWNER/S OR AUTHORIZED OFFICER

NAME	TITLE	SOCIAL SECURITY #
HOME ADDRESS	CITY/STATE/ZIP	PHONE #
NAME	TITLE	SOCIAL SECURITY #
HOME ADDRESS	CITY/STATE/ZIP	PHONE #

## MAJOR PRESENT TRADE REFERENCE

COMPANY NAME	CONTACT	PHONE #
ADDRESS	CITY/STATE/ZIP	RELATIONSHIP
COMPANY NAME	CONTACT	PHONE #
ADDRESS	CITY/STATE/ZIP	RELATIONSHIP

## BANK REFERENCE

BANK NAME	CONTACT	PHONE #
ADDRESS	CITY/STATE/ZIP	ACCOUNT #

We authorize VONCO and Affiliates to apply any past due balance to this credit card. (Visa, Master Card, Discover Card and American Express accepted)

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Credit Limit \_\_\_\_\_

## Terms and Personal Guarantee

I, \_\_\_\_\_, residing at \_\_\_\_\_ for and in

consideration of the extension of credit to \_\_\_\_\_, hereby personally guarantee the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of and to pay on demand all sums due and to become due to VONCO and all losses, costs, attorney's fees, or expenses which VONCO may suffer by reason of our company default.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We affirm all information provided on this form is true and correct and further authorize VONCO and its representatives to investigate personal credit and financial records, including bank records. We authorize VONCO to verify the information and/or obtain additional information by securing data from a credit reporting agency. We affirm financial responsibility and it is understood that payment terms are net thirty (30) days and that any balances not paid within these terms shall be subject to a late charge. We agree to pay a monthly finance charge of **1.5% per month or 18% annually** on all balances more than thirty (30) days past due. We agree to pay all costs of collection and litigation on this account and by signing below, you acknowledge and agree that any legal proceeding or dispute related to this Credit Application or the relationship between the parties named herein will be governed by and interpreted according to the laws of the State of Minnesota and you further hereby acknowledge and consent that the exclusive jurisdiction for any such legal proceeding or dispute shall be Sherburne County District Court, State of Minnesota, regardless of choice of law principles. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*(note if a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.)