

# CREDIT APPLICATION

NEW RIVER SOLID WASTE ASSOCIATION  
P.O. BOX 647, RAIFORD, FL 32083

PHONE: (386) 431-1000  
FAX: (386) 431-1099

DATE:	CUSTOMER – COMPANY NAME:	
CUSTOMER – COMPANY ADDRESS:		
BUSINESS PHONE (INCLUDE AREA CODE):	BILLING ADDRESS (IF DIFFERENT FROM ABOVE):	
LIST ALL COMPANY PRINCIPALS, OFFICERS (INCLUDE ADDRESSES & PHONE #'S):		
1.		
Name & Title	Address	Area Code & Phone Number
2.		
Name & Title	Address	Area Code & Phone Number
3.		
Name & Title	Address	Area Code & Phone Number
4.		
Name & Title	Address	Area Code & Phone Number
Contact Person ( A person we can contact concerning the account):		
Name & Title	Area Code & Phone Number	
If you are Tax Exempt, Tax Identification Number:		
Describe what type of debris you will be disposing of:		
Give location of where waste is generated (from what County/Counties):		
*****		
Bank References:		
Bank Name :	Bank Address:	
Bank Account Number:	Bank Telephone Number:	
*****		
Trade References:		
1.		
Name	Address	
Account Number :	Telephone Number:	
2.		
Name	Address	
Account Number:	Telephone Number:	

