

Credit Application Form

All American Waste Removal of New Mexico
 P.O. Box 45627
 Rio Rancho, NM 87174
 Office: (505) 345-7997
 Fax: (505) 345-7998



Please complete, sign, and return or mail this form along with your Credit References and Financial Statement.

BILLING ADDRESS

OFFICE ADDRESS

COMPANY NAME	COMPANY NAME
ATTENTION	ATTENTION
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
TELEPHONE	TELEPHONE
E-MAIL	E-MAIL

GENERAL INFORMATION

FEDERAL TAX ID NO.	COMPANY COMPOSITION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Sub-Chapter S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	CORPORATION STATE OF:	
DUN & BRADSTREET NO.	AT PRESENT LOCATION SINCE DATE	ARE PREMISES LEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	AMOUNT OF CREDIT DESIRED
PRINCIPAL/OWNER	TITLE	E-MAIL	PHONE NUMBER + EXT.

ORDERING INFORMATION

ARE WRITTEN PURCHASE ORDERS REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS MERCHANDISE FOR RESALE? <input type="checkbox"/> Yes <input type="checkbox"/> No	RESALE NO. (if for resale, please provide Copy of Certification)	
PURCHASING AGENT	FAX	E-MAIL	PHONE NUMBER + EXT.
ACCOUNTS PAYABLE CONTACT	FAX	E-MAIL	PHONE NUMBER + EXT.

BANK INFORMATION

BANK NAME	BRANCH NAME	BANK CONTACT OFFICER	PHONE NUMBER + EXT.
BANK ADDRESS	CITY	STATE	ZIP
TYPE OF ACCOUNT AND ACCOUNT NO.			

TERMS AND CONDITIONS

All accounts are COD until credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

ACCEPTANCE AND APPROVAL

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize All American Waste Removal of New Mexico to make any and all inquiries necessary to process this Credit Application.

ORDERING INFORMATION

NAME OF AUTHORIZED REPRESENTATIVE	TITLE
AGREED AND ACCEPTED, SIGNED	PHONE NUMBER + EXT.
	DATE