



**CHARGE ACCOUNT APPLICATION**

6223 THOMPSON RD, SUITE 1000, SYRACUSE, NY 13206

PH: 315/426-6771 • FAX: 315/426-6770

***“Service With Integrity”***

FirmName: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of Organization:  DBA  Partnership  Corporation  S-Corp

Type of Business \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

Name of Owner, Partner(s) or Officers:

Name	Address	Title

Have you ever filed bankruptcy?  Yes  No If so, when? \_\_\_\_\_

Do you have any judgements against you?  Yes  No If so, when? \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Branch: \_\_\_\_\_ Account Type: \_\_\_\_\_

Credit References *(please list three)*

Company Name & Address	Contact Name	Phone#	Fax#	Email

Applicant authorizes Syracuse Haulers Waste Removal, Inc. to conduct a credit investigation and obtain credit reports in connection with this request for credit.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_