

Syracuse Haulers Waste Removal, Inc.

6223 Thompson Road, Suite 1000, Syracuse, NY 13206

Phone: 315.426.6771 Fax: 315.426.6770

“Service with Integrity”

CREDIT APPLICATION

Company Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Nature of Organization: ___ DBA ___ Partnership ___ Corporation ___ S-Corp

Type of Business _____ Years in Business _____

Have you ever filed bankruptcy? Yes no If so, when? _____

Do you have any judgments against you? Yes no If so, when? _____

Bank Name: _____ Address: _____

Branch: _____ Account Type: _____

List Principal Owner(s) or Title:

Full Name: _____ Title: _____ Phone _____

Resident Address _____ Soc Security # _____

Vendor References (*please list three*) * **NO UTILITIES***

Company Name & Address	Contact	Account #	Phone #	Email
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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: _____