



Tel: (718) 698-1100 | www.richmondrecyclingsi.com | 1900 South Avenue, Staten Island, NY 10314

Credit Application

Application Date: _____

APPLICANT

Legal Company Name: _____ List - Parent Comp: _____

Type Incorporated _____ YR: _____ State: _____ Other: _____ Company Tax ID#: _____

Corporate Street Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Business: _____ #Of Employees: _____ Years In Business: _____

Business Telephone: _____ Business Fax: _____

Contact Name: _____ Phone: _____

A/P Contact: _____ Phone: _____

A/P Contact Email: _____

Sales Tax Exempt Yes No (If Yes, please provide appropriate documentation.)

PRINCIPAL OF COMPANY (If more than one, please attach & include information below)

Name: _____ Title: _____

Home Address: _____ SS#: _____

Home Phone: _____ Email: _____

BANK REFERENCE

Bank Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____ Fax: _____

APPLICANT'S PRINCIPAL SUPPLIERS / TRADE PREFERENCES

Name: _____ Add: _____ Tel: _____ Acct#: _____

Name: _____ Add: _____ Tel: _____ Acct#: _____

Name: _____ Add: _____ Tel: _____ Acct#: _____

Name: _____ Add: _____ Tel: _____ Acct#: _____



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Please provide us with at least 3 Credit/Finance References.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____



CREDIT APPLICATION

The Applicant, any named owner, principal and any Guarantor of this Sales Agreement hereby authorize Richmond Recycling or any credit bureau credit reporting agency, Dun & Bradstreet and similar companies and investigative agencies employed by Richmond Recycling to investigate and obtain credit reports, Information and data on the applicant any named owners principals and guarantor of contract references herein listed pertaining to their credit and financial responsibility at any time and from time to time, without any further authorization from applicant. If required, applicant, owners and principals and guarantor agree to give written authorization to such entities to furnish information to Richmond Recycling.

In consideration of the extension of credit by Richmond Recycling agrees to pay all bills in accordance with the terms expressed on the invoice within 15 days, except if the invoice permits payment at a later date, but, in no event, shall payment of the invoice be made later than the 60 days from the date of the invoice. Applicant further agrees that if the goods, merchandise or services ordered shall remain unpaid past due the due date, all unpaid past due amounts shall bear interest at the rate of 1.5% per month until paid. In the event that any suit or action is instituted to collect money due on the applicant's account, whether principal or interest or both. Applicant agrees to pay, in the addition to the amount owed, all legal fees and collection agency fees incurred, including a reasonable sum for attorney fees.

I/we hereby declare and agree that the application information given is true and complete in all respects.

Applicants Name: _____ Guarantor Name: _____

Signature _____ Signature _____

Date: _____ Date: _____

GURANTEE AND AUTHORIZATION TO RELEASE INFORMATION

Personal guarantor agrees to all terms and to be held accountable without limitations of all liability in the event that the applicant does not meet financial responsibility. The undersigned hereby unconditionally and absolutely guarantees to and for Richmond Recycling the due performance, including without limitations the prompt payment when due, whether at stated maturity, by acceleration or otherwise and at all times thereafter, of any and all obligations of Applicant now or hereafter owned to Richmond Recycling under contract or agreement or course of t dealing now or hereafter entered into or engaged into between Richmond Recycling and Applicant. (the "Obligation")

Guarantor hereby authorizes releases of information from any and all of the following credit bureaus, credit reporting agencies, investigating agencies, references and other sources which bear on the Guarantor's credit worthiness and financial responsibility and grant the right to Richmond Recycling to obtain from such entities and sources information it deems necessary to enable it to evaluated the guaranteed on behalf of the Applicant, Guarantor further authorizes Richmond Recycling to obtain information and the release of information on the credit and financial responsibility on the guarantor at any time, and from time to time without any further authorization. In addition, Guarantor hereby authorize the release to Richmond Recycling of all the information requested by Richmond Recycling pertaining to Guarantor's accounts, business practices and credit history. If required, the Applicant agrees to give written authorization to such entities to furnish to Richmond Recycling.

Guarantor Name: _____ Signature: _____ SS No. _____

Address: _____ City: _____ State: _____

Telephone: _____ Fa: _____ Cell _____

Please attach the following documents along with your application:

Business Registration Company Tax ID Guarantor ID

Upon receipt of your application Richmond Recycling will evaluate and furnish response within 5 to 7 business days.



Richmond Recycling, LLC | 1900 South Avenue | Staten Island, NY 10314 | T: (718) 698-1100 | F: (718) 698-1107 | www.RichmondRecyclingsi.com

Credit Card Authorization Form

Date: _____ Fax: _____

Company Name: _____

Credit Card: _____

Billing Address: _____

*** Your credit card billing address is required for verification

The undersigned hereby authorizes Richmond Recycling LLC, to use the credit card specified below for payment of all services provided to the company named above. The undersigned also agrees that the facsimile of your signature can be considered authorization to charge the card. Please provide your credit card information below.

Type of Card: _____

Name on Card: _____

Card Number: _____ Expiration Date: _____ CVV _____

Amount Approved: _____

Please sign below then fax (718) 698-1107 or E-Mail: alibutti@RichmondRecyclingsi.com when complete.

Cardholder Signature: _____

Card holder Printed Name: _____

* An additional 3% charge applied to transactions over \$1,000

* Please provide a photocopy of your card for our records