



HEART OF FLORIDA

Environmental

835 CR 529, Lake Panasoffkee, FL 33538
Phone 352-569-0465 Fax 352-569-0467

CREDIT APPLICATION

Legal Name of Business _____

Mailing Address _____

City _____ St. _____ Zip _____

Physical Address _____

City _____ St. _____ Zip _____

Telephone # _____ fax # _____

Company Contact in Accounts Payable _____

(E-Mail address: _____)

Federal ID # _____ Number of Years in Business _____

Type of Business () Corporation () LLC () Sole Proprietorship () Other

Name of owner/principal _____ Social Security Number _____

Name of owner/principal _____ Social Security Number _____

Name of Bank _____ Address _____

Account # _____ Contact _____

Desired Credit Limit \$ _____ P.O. Required? _____

A.C.M.S., Inc. (Credit Application Continued)

Credit References (Name, Address, Acct. #, Phone #, **Fax #**, Contact Person)

1. _____
2. _____
3. _____
4. _____
5. _____

List of disposal facilities previously used (Name, Address, Acct. #, Phone #, **Fax #**, Contact Person)

1. _____
2. _____
3. _____
4. _____

Estimated monthly volume _____ tons

This information is given for the purpose of obtaining credit only. Permission is hereby granted for A.C.M.S., Inc. or its agents to contact the references listed heron; or any other source for the purpose of obtaining credit information. That the creditor, bank or lending institution contacted has my permission to furnish the above with any and all information requested. I or we personally guarantee obligations to your company as a result of this application for credit. It is hereby specified and agreed that: (1) If such account is placed in the hands of an attorney for collections or is collected by suit, or through probate proceedings, I or we, promise to pay the principle and interest the due plus reasonable attorney's fees together with all cost of court. (2) I or we promise to pay the reasonable attorney's fees together with all cost of any and all appellate procedures and post-judgment collection actions resulting from your failure to pay this account. (3) I or we understand that accounts ten days past due may automatically go on COD basis and a 10% penalty service charge will be placed on the account per month past due.

Signed as personal guarantor of the above accounts and upon the terms and conditions set forth therein.

Signature _____ Date _____

Print name _____

Witnessed:

_____ Date _____

_____ Date _____