



- Area Disposal Service, Inc. – Clinton, IL
- Area Disposal Service, Inc. –
WW Sanitation – Pittsfield, IL
- Buster Sanitation Services – Jacksonville, IL
- C&S Waste Service – Rantoul, IL
- Clinton Landfill – Clinton, IL
- Pike County Landfill – Baylis, IL
- Grimm Brothers Trucking – Morton, IL
- Wigand Disposal Company – Chillicothe, IL

Credit Application

Phone: (309) 686-8033

Fax: (309) 688-9611 Attn: Credit Dept

E-Mail: credit@pdcare.com

Mail To:
Area Disposal Service, Inc.
Attn: Credit Department
PO Box 9071
Peoria, IL 61612-9071

BILLING ADDRESS (INVOICE TO BE SENT TO)

BUSINESS (DBA) NAME			SERVICE ADDRESS		
LEGAL NAME			SERVICE NAME		
ADDRESS			SERVICE ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
CONTACT (FIRST, LAST NAME)		PHONE	SERVICE CONTACT (FIRST, LAST NAME)		SERVICE PHONE
E-MAIL		FAX	E-MAIL		SERVICE FAX

BUSINESS

Proprietorship Partnership Corporation Year & State Incorporated: _____ FEIN: _____

	Partners/Officers	SSN	Address	City	State	Zip Code	Phone
1							
2							
3							
4							
5							

Years in Business _____ Type of Business _____ Written PO Required? YES NO

D&B Rating _____ Gross Annual Sales \$ _____

Parent Company: _____

Parent Company Address: _____

President/Owner: _____ Controller: _____

Accounts Payable (AP) Contact Name: _____ Anticipated Dollar Purchase per Month \$: _____

AP Phone Number: _____ AP Fax Number: _____

BANK REFERENCE

Name of Bank:	Checking Account #:
Address:	Savings Account #:
City, State, Zip:	Loan Account #:
Contact Person:	Phone Number:

TRADE REFERENCE

Name:	Account #:
Address:	Phone Number:
How Long?	Fax Number:
Name:	Account #:
Address:	Phone Number:
How Long?	Fax Number:
Name:	Account #:
Address:	Phone Number:
How Long?	Fax Number:

The AUTHORIZED SIGNATURE below certifies the information provided is true and correct:

SIGNATURE

COMPANY NAME

PRINTED NAME

TITLE

DATE

Credit Application submission by e-mail only: By checking this box, you electronically (in lieu of Signature) certify the information provided is true and correct.



Credit Application Authorization

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AGREEMENTS

1. Applicant authorizes Area Disposal Service, Inc. to inquire (inclusive of banking and trade references), acquire and/or review financial information listed within the Area Disposal Service, Inc. Credit Application to determine initial credit and financial responsibility and intermittent credit reviews.
2. Applicant affirms the credit information provided within the Area Disposal Service, Inc. Credit Application is true, accurate and will be utilized to make a credit determination.
3. Applicant understands that invoices which remain unpaid after the due date, a finance charge will be imposed at the rate of one and one half percent per month. The interest rate imposed on past due accounts is subject to change without notice.
4. Applicant will pay Area Disposal Service, Inc. the costs involved in collections and attorney's fees if Area Disposal Service, Inc. employs counsel to enforce this contract whether or not action is commenced.
5. Applicant agrees to pay the current NSF Fee for each check issued by Applicant to Area Disposal Service, Inc. which is returned to Area Disposal Service, Inc. either unpaid or marked NSF.
6. This Credit Application supersedes all oral agreements.
7. Faxed copy of the Credit Application will be deemed original.
8. In cases of payment or invoice disputes, the laws in the State of Illinois would apply and Illinois would be the forum for court proceedings.

ACKNOWLEDGEMENT

Signatures below must be by an authorized Company Officer, Partner or Owner. The undersigned acknowledges this application for credit has been carefully read and understood, and accepts the Agreements herein.

Credit Application submission by e-mail only: By checking this box, the undersigned electronically (in lieu of Authorized Signature) acknowledges this application for credit has been carefully read and understood, and accepts the Agreements herein. This document may be e-mailed to Area Disposal Service, Inc. as indicated below.

COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

This application must be completed in entirety in order to be processed. Please return the application to Area Disposal Service, Inc.

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E-Mail: credit@pdcare.com

Mail: Area Disposal Service, Inc

Attn: Credit Department

PO BOX 9071

Peoria, IL 61612-9071

<i>Office Use Only</i>	
Credit Application Status	_____
Authorization Signature	_____
Signee Title	_____
Date	_____