



- PDC #1 Landfill
- PDC Indian Creek Landfill
- PDC Laboratories
- PDC Services
- PDC Technical Services
- PDC Transportation
- PDC Wastewater Treatment

# Credit Application

Phone: (309) 686-8033

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

E-Mail: credit@pdcare.com

Mail To:  
 Peoria Disposal Company  
 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 Peoria Disposal Company to inquire (inclusive of banking and trade references), acquire and/or review financial information listed within the Peoria Disposal Company Credit Application to determine initial credit and financial responsibility and intermittent credit reviews.
2. Applicant affirms the credit information provided within the Peoria Disposal Company 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 Peoria Disposal Company the costs involved in collections and attorney's fees if Peoria Disposal Company 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 Peoria Disposal Company which is returned to Peoria Disposal Company 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 Peoria Disposal Company 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 Peoria Disposal Company.

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E-Mail: credit@pdcare.com

Mail: Peoria Disposal Company

Attn: Credit Department

PO BOX 9071

Peoria, IL 61612-9071

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