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BUSINESS ACCOUNT APPLICATION

Business Name: _____ Date: _____

Physical Address

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Billing Address

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Business

Corporation: _____ Partnership: _____ Sole Proprietorship: _____

If Corporation; Subsidiary: _____ or Division: _____ Date Incorporated: _____

Parent Company Name: _____ Street: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

Company Officer, a Partner or Owner

Name: _____ Title: _____

Federal Tax ID No.: _____ or Social Security No.: _____ Years in Business: _____

Accounts Payable Contact Name: _____ Phone: _____ Fax: _____

Bank Reference

Bank Name: _____ Account No: _____

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

Phone: _____ Fax: _____ Contact Name: _____

Trade Reference

Company Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Contact Name: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Contact Name: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

I hereby authorize the above referenced companies to release any information concerning our account history. If credit is authorized, I agree to pay all invoices rendered within thirty (30) days from the date of the invoice. I understand that a charge of 1 1/2% per month will be added to past due accounts.

Authorized Signature: _____ Date: _____

Print Name: _____ Title _____ Date _____