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*******BUSINESS 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: _____

Terms: Net 30 days - Late charge of 10% per month on balances over 30 days, unless contractual agreement states otherwise.

Authorized Signature: _____ Date: _____

Print Name: _____ Title _____ Date _____