



CREDIT APPLICATION

Owner's Name: _____

"Doing Business As" (name if different than above): _____

Business Form: Sole Proprietorship _____ Partnership _____ Corporation _____

Non-profit Organization _____ Government _____ Other: _____

Federal Identification Number: _____

Social Security Number(s) (if sole proprietorship or partnership):

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Accounts payable contact: _____

Telephone: _____ Fax: _____ E-mail: _____

Name of statutory service agent: _____

Address to send notices and service (if different) _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ E-mail: _____

Please Return to: Solid Waste Authority of Central Ohio 4239 London-Groveport Road, Grove City, Ohio 43123	Attention: Kay Johnson, Phone: 614-871-6753 Fax: 614-871-5103 E-mail kay.johnson@swaco.org
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NAME OF COMPANY OFFICERS OR PARTNERS (attach a separate sheet if needed):

Number of years in business: _____ State of Incorporation: _____

Nature of business: _____

Have you ever received credit from us?

YES NO

Are you a subsidiary of another company?

YES NO

If YES, please list the name and address below:

Are you a co-maker, endorser, or guarantor on any loan or contract?

YES NO

If YES, please explain below:

Are there any unsatisfied judgments against you?

YES NO

If YES, please explain below:

Have you been declared bankrupt in the last 14 years?

YES NO

If YES, please explain below:

Are you a party in any pending law suits?

YES NO

If YES, please explain below:

BANK ACCOUNTS

1. Name on Account: _____

Type of Account: _____ Account No.: _____

Institution and branch: _____

2. Name on Account: _____

Type of Account: _____ Account No.: _____

Institution and branch: _____

3. Name on Account: _____

Type of Account: _____ Account No.: _____

Institution and branch: _____

(Use additional sheets if necessary)

Please attach a copy of your most recent audited financial statements or complete the following information:

ASSETS OWNED (Use additional sheets if necessary)

Description of Assets	Value	Subject to Debt? Yes/No (Include Name of Creditor)	Name(s) of Owner(s)
Cash:			
Cash value of insurance:			
Real Estate: (list addresses)			
Marketable Securities:			
Vehicles:			
Other:			
Total Assets:			

OUTSTANDING DEBTS

(Include charge accounts, installment contracts, credit cards, rent, etc.
Use additional sheets if necessary.)

CREDITOR	TYPE OF DEBT	NAME IN WHICH ACCT. CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE? YES/NO
1.						
2.						
3.						
4.						
		TOTAL DEBTS:				

Everything that I have stated in this application is correct to the best of my knowledge. I understand that SWACO is not obligated to approve the applicant company for an extension of credit. I understand that SWACO will retain this application whether or not it is approved. I, on behalf of the applicant company, authorize SWACO to check the applicant company's credit history and to answer questions about SWACO's credit experience with the applicant company. I accept and acknowledge, on behalf of the applicant company, the duty to update the information contained in this application. I acknowledge and understand that if the information contained in this application is not updated, SWACO may terminate any existing credit agreement and demand that any outstanding balance be paid in full. The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Applicant's signature

Job title with applicant company

Date