



# CREDIT APPLICATION

Solid Waste Authority of Central Ohio  
4239 London Groveport Road  
Grove City, Ohio 43123

Owner's Name \_\_\_\_\_

"Do Business As" (if name different than above) \_\_\_\_\_

**Business Form:**

Sole Proprietorship	<input type="checkbox"/>	Non-Profit Organization	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Government	<input type="checkbox"/>
Corporation	<input type="checkbox"/>	Other (please explain _____)	<input type="checkbox"/>

Federal Identification Number: \_\_\_\_\_

Social Security No.(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:**  
Jessica McCoy  
Phone: 614-871-6753  
Fax: 614-871-5103  
E-mail: [jessica.mccoy@swaco.org](mailto:jessica.mccoy@swaco.org)

**NAME OF COMPANY OFFICERS OR PARTNERS** (attach a separate sheet if needed)

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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:

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Are You A Co-maker, Endorser, Or Guarantor On Any Loan Or Contract?:

 YES NO

If YES, Please Explain:

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Are There Any Unsatisfied Judgements Against You?:

 YES NO

If YES, Please Explain:

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Have You Ever Been Declared Bankrupt In The Last 14 Years ?:

 YES NO

If YES, Please Explain:

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Are You A Pary In Any Pending Law Suits?:

 YES NO

If YES, Please Explain:

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# 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 Owners(s)
Cash:			
Cash Value of Insurance:			
Real Estate: (List addresses)			
Marketable Securities:			
Vehicles:			
Other:			
Total assets:			

## OUTSTANDING DEBT

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

CREDITOR	TYPE OF DEBT	NAME IN WHICH ACCOUNT CARRIED	ORIGINAL DEBT	PRESENT BALANCE	MONTHLY PAYMENTS	PAST DUE YES/NO
		TOTAL DEBTS:				

Everything that I have stated in this application is correct to 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 right commission administers compliance with this law.

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Job Title With Applicant Company

\_\_\_\_\_  
Date