

**APPLICATION FOR OPEN ACCOUNT**

The undersigned hereby applies for an open account with C.R. 466A LANDFILL FACILITY, LLC and submits the following information for this purpose.

NAME OF INDIVIDUAL OR FIRM \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

APPLICANT IS: SOLE PROP. \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORP. \_\_\_\_\_ OTHER \_\_\_\_\_

NAME OF OWNERS, PARTNERS OR CORPORATE OFFICERS

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

BANK REFERENCE

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ CONTACT \_\_\_\_\_

VENDOR REFERENCES

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NAME	ADDRESS	CITY, STATE, ZIP	FAX NO. ONLY

OUR FIRM IS FINANCIALLY ABLE TO MEET ANY COMMITMENTS WE MAY INCUR, AND WE EXPECT TO PAY INVOICES ACCORDING TO YOUR TERMS OF NET 15 DAYS. WE UNDERSTAND 1.5% INTEREST PER MONTH WILL BE CHARGED ON ALL PAST DUE BALANCES AND WILL BE ADDED TO OUR ACCOUNT. SHOULD IT BECOME NECESSARY TO PLACE THIS ACCOUNT WITH AN ATTORNEY FOR COLLECTION, SUIT OR OTHER LEGAL ACTION, I/WE HEREBY AGREE TO PAY ALL COSTS OF SUCH COLLECTION, SUIT OR OTHER LEGAL ACTION, INCLUDING REASONABLE ATTORNEY'S FEES. ALL SUCH ACTION WILL BE INSTITUTED IN LAKE COUNTY, FLORIDA. THE UNDERSIGNED AUTHORIZES THE REFERENCES LISTED HEREIN ABOVE TO RELEASE CREDIT AND/OR ACCOUNT INFORMATION TO C.R. 466A LANDFILL FACILITY, LLC.

Submitted and agreed to by \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Please fax completed application to: 352-787-5199 Attn: Credit Department

or mail to: C.R. 466A Landfill Facility, LLC  
P.O. Box 490697  
Leesburg, FL 34749-0697

\* If your purchases are to be tax exempt, please submit your Resale or Exemption Certificate.