

Landfill of North Iowa

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name		Date business commenced	
Contact Name & Title		<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Corporation
E-mail		<input type="checkbox"/> Partnership	<input type="checkbox"/> Other
Phone / Fax			
Registered Address City, State ZIP Code			

BILLING AND CREDIT INFORMATION			
Tax ID & State		Bank name:	
Billing address City, State ZIP Code		Primary address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT AND SIGNATURES

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Landfill of North Iowa to make inquiries into the banking and business/trade references listed.

SIGNATURES

Signature	
Name & Title	
Date	

Phone: Kathy Paulson 641-357-5452 Ext 6
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