

HAWKINS & HURLBUT SANITATION CO.

P.O. BOX 349 * ROME, NEW YORK 13442 -0349

PHONE : (315) 336-1273 FAX: (315) 337-1519

CREDIT APPLICATION

To Our Future Customer,

We are pleased to present you with this credit application.

Our success over the years is attributed to a high level of service to our customers. We feel it is our responsibility to deliver high quality service at competitive prices to all of our customers, when they need it.

In order to maintain this level of service, we extend credit to all of our qualified customers. In order to maintain this level of service, we must maintain a strict credit policy.

Please be sure to read and answer all questions and sign in the appropriate places . There should be no delay in processing your account application as long as all the information and signatures are completed properly and completely.

Thank -You for the opportunity to conduct business with you.
We look forward to serving you.

Date: _____

Business Name: _____

Billing Address: _____

Physical Address: _____

Phone # () _____ Fax # () _____

Federal I D # _____ Years Established _____

Type of Business: () Proprietorship () Partnership () Corporation

Nature of Business _____

Continued

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All services rendered up to and including the last day of each month are due and payable within 30 days of invoice. No services are made on past due accounts until full payment is received. If it should be necessary to service the charge account, no services will be rendered until the service charge and past due amounts are paid in full.

Non-payment of services automatically closes you account. A 2% service charge is calculated automatically after charges become past due. Please call our Accounts Receivable department immediately on any billing errors. It is agreed and understood that Oneida County shall be the venue of any litigation commenced under this contract. All of the above information is given for the purpose of obtaining credit or a cash account and is true and accurate. Confirmation of such information may be made from any source. I agree account will be paid in full before the end of the month following the month of billing. In the event of default of this agreement, the undersigned agrees to pay reasonable attorney fees of the amount due including any and all service charges, in the event this amount is turned over to our attorney for filing fees & collection expenses.

Initials: _____

Warranty and Guarantee

(I) (We) the undersigned, for good and valuable consideration, do hereby individually, jointly and severally guarantee payment to the aforesaid SELLER, it's successors or assigns of whatsoever sums of money including service charges, loss of discount penalties, collection costs and attorney fees, which shall become due and payable by the the said PURCHASER to the above SELLER. This guarantee shall be effective without first requiring the creditor to proceed against any other party, and I/WE hereby waive notice of acceptance, default and consent to waiver extension or modification of credit terms; surrender of collateral; renewal, release of parties to the obligation and any other act or omission for recovery of the sum due. This shall be an open and continuing guarantee and shall continue in full force and effect not withstanding any change in the amount of the indebtedness from time to time or renewals or extensions granted by the SELLER without obtaining any consent thereto. The obligation of the undersigned shall not be affected by any change that may arise by reason of death of the undersigned and the obligation is binding upon his/her heirs, executors, successors, or assigns. A grant to the above PURCHASER by the above SELLER shall constitute acceptance of this guarantee.

continued

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If Corporation, List All Officers, Titles, Addresses & Phone #'s :

* _____
* _____
* _____
* _____

If Partnership, List All Partners , Addresses & Phone #'s :

* _____
* _____
* _____
* _____

If Proprietorship, List Owner, Address & Phone #'s:

* _____

List Bank References:

Bank _____ Bank Address _____

Bank Branch _____ Type of Account _____ Acct# _____

Trade References; Name, Address & Phone # ; Please List Three :

* _____
* _____
* _____

continued

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Sole Owner - (Must be signed by Husband & Wife, if applicable)

SIGNATURE TYPED OR PRINTED NAME

SIGNATURE TYPED OR PRINTED NAME

Partnership - (Must Be Signed By Each Partner)

SIGNATURE TYPED OR PRINTED NAME

SIGNATURE TYPED OR PRINTED NAME

SIGNATURE TYPED OR PRINTED NAME

Corporation - (Must Be Signed By at Least Two Officers as Individuals and not in any corporate capacity)

SIGNATURE TYPED OR PRINTED NAME

SIGNATURE TYPED OR PRINTED NAME

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**** PLEASE MAKE SURE ALL 4 (four) PAGES OF THE CREDIT APPLICATION RETURNED. *******