



Nick Plummer Phone: 616.261.4344\* Fax: 616.261.4883 \* www.plummersdisposal.com  
Portable Restroom Service and 10-40 Yard Dumpsters

**Application for Credit  
(Commercial Only)**

Business Name: \_\_\_\_\_ Individual Filling out: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax Except: \_\_\_ Yes \_\_\_ No Federal ID # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Corporation / Name & Address of Officers:**

Business & Name:	Title:	Personal Address:	Telephone#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Banking Reference:  
Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Trade References (min of 3)**

Company or Name:	Address:	Telephone #	Fax #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Terms: Net 30 days EOM, payable the 30<sup>th</sup> day of the month following purchase / rental.

A service charge at the annual percentage rate of 18% per annum (monthly rate is 1.5%) will be applied to all past due accounts.

Applicant's signature authorizes Plummer's Disposal to make inquiries with any credit reporting agency, bank or trade reference in connection with the extension of credit requested by the undersigned. Applicant's signature attests financial responsibility, ability and agreement to pay our invoices in accordance with above terms. Plummer's Disposal may at its sole discretion and without any advance notice discontinue further extension of credit. The undersigned also agrees that in the event the account is turned over to an attorney or a collection agency for collection, the undersigned agrees to pay all attorney / collection fees and costs associated with the collection of this debt.

Printed Name: \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Date: \_\_\_\_\_