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APPLICATION FOR CREDIT SUBMIT TO: ar-ap@plummersdisposal.com

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Business (check one by typing "X"):
 Corporation _____ Partnership _____ Sole Proprietorship _____ L.L.C. _____ L.L.P. _____

Sales Tax Status (check one by typing "X"):
 Taxable _____ Resale _____ Industrial Processing _____ Contractor _____ Farm _____ Non Profit Organization _____

Sales Tax Exemption Number _____
 Please Provide Tax Exempt Paperwork With This Application

PRINCIPAL OWNERS OR STOCK HOLDERS (LIST ALL)

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SSN: _____ How Long Associated With The Business: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SSN: _____ How Long Associated With The Business: _____

BANK REFERENCES

Business Bank Name: _____ Bank Account #: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Contact Person: _____

TRADE REFERENCES

Name: _____ Contact Person: _____ Phone: _____

Address: _____ City/State/Zip: _____

Name: _____ Contact Person: _____ Phone: _____

Address: _____ City/State/Zip: _____

TERMS AND CONDITIONS

THE APPLICANT WILL PAY EACH INVOICE IN ACCORDANCE WITH THE TERMS STATED ON IT, AND TO PAY A TIME PRICE DIFFERENTIAL OF 1.5% PER MONTH ON ALL OVERDUE BALANCES. THE APPLICANT WILL ALSO PAY ALL INTERNAL AND EXTERNAL COSTS INCURRED BY PLUMMERS DISPOSAL TO ENFORCE ITS RIGHTS, INCLUDING BUT NOT LIMITED TO COURT COSTS, AND ACTUAL ATTORNEY FEES. THE PARTIES AGREEMENT AND RIGHTS WILL BE INTERPRETED AND ENFORCED SOLELY UNDER THE LAWS OF THE STATE OF MICHIGAN, EXCLUDING CONFLICT OF LAWS PRINCIPLES. THE APPLICANT SUBMITS TO JURISDICTION OF THE STATE AND FEDERAL COURTS LOCATED IN MICHIGAN, AND CONSENTS TO EXCLUSIVE VENUE IN ALLEGAN COUNTY, MICHIGAN FOR THE LITIGATION OF ANY DISPUTES BETWEEN PARTIES. ANY MODIFICATION OR WAIVER OF ANY OF THESE TERMS MUST BE IN WRITING AND SIGNED BY THE PARTY AGAINST WHOM ENFORCEMENT IS SOUGHT

ANY SIGNATURE (INCLUDING ANY ELECTRONIC, SYMBOL, OR PROCESS ATTACHED TO OR ASSOCIATED WITH A CONTRACT OR ANY OTHER TYPE OF RECORD ADOPTED BY A PERSON WITH THE INTENT TO SIGN, AUTHENTICATE OR ACCEPT SUCH CONTRACT OR RECORD) HERETO OR TO ANY OTHER CERTIFICATE, AGREEMENT OR DOCUMENT RELATED TO A TRANSACTION AND ANY CONTRACT FORMATION OR RECORD KEEPING THROUGH ELECTRONIC MEANS SHALL HAVE THE SAME LEGAL VALIDITY AND ENFORCEABILITY AS A MANUALLY EXECUTED SIGNATURE OR USE OF PAPER BASED RECORD KEEPING SYSTEM TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW LISTED IN THE ELECTRONIC SIGNATURES ACT OR ANY SIMILAR STATE LAW BASED ON THE UNIFORM ELECTRONIC TRANSACTIONS ACT, AND THE PARTIES HEREBY WAIVE ANY OBJECTION TO THE CONTRARY.

THE INFORMATION IN THIS APPLICATION FOR CREDIT IS PROVIDED BY THE APPLICANT TO ESTABLISH AN OPEN ACCOUNT WITH PLUMMERS DISPOSAL. THE APPLICANT AUTHORIZES ITS TRADE REFERENCES TO RELEASE ALL INFORMATION CONCERNING THE APPLICANT TO PLUMMERS DISPOSAL. FOR THE PURPOSE OF CONSIDERING THIS APPLICATION FOR CREDIT AND ENFORCING THE APPLICANT OBLIGATIONS TO PLUMMERS DISPOSAL.

Applicant's or Agent's Name (printed):

Title:

Applicant's or Agent's Signature:

Date:

Applicant's or Agent's Name (printed):

Title:

Applicant's or Agent's Signature:

Date:

BY SIGNING BELOW, I UNCONDITIONALLY GUARANTY THE PAYMENT OF ALL OBLIGATIONS OF THE APPLICANT TO PLUMMERS DISPOSAL THIS IS A GUARANTY OF PAYMENT, NOT COLLECTION. I WAIVE NOTICE OF DEFAULT AND AGREE TO ALL THE TERMS AND CONDITIONS THAT APPLY TO THE APPLICANT.

Guarantor or Agent's Name (printed):

Title:

Guarantor or Agent's Signature:

Date:

Guarantor or Agent's Name (printed):

Title:

Guarantor or Agent's Signature:

Date:

MISC BILLING INFORMATION

Business Billing Address:

City:

State:

Zip:

Accounts Payable Contact Person:

Accounts Payable Phone Number:

Accounts Payable Fax Number:

Accounts Payable Email Address: