



Stephens Industries LP

DISPOSAL | RECYCLING | AGGREGATE SALES

### Credit Application for Stephens Industries LP

Customer Name \_\_\_\_\_ \* Federal ID# \_\_\_\_\_ \*

Billing Address \_\_\_\_\_ \*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ \*

Phone \_\_\_\_\_ \* Fax \_\_\_\_\_ \* Requested Credit Amount \_\_\_\_\_ \*

Accounts Payable Contact \_\_\_\_\_ \* E-Mail Address \_\_\_\_\_ \*

Purchasing Agent \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Sales Tax Exemption Number (if applicable, must send form) \_\_\_\_\_

**Banking References:**

Name	Address	Phone No.	Contact
_____	_____	_____	_____
_____	_____	_____	_____

**Owner/Partner Information:**

Name	Title	Home Address	Home Phone
_____	_____	_____	_____
_____	_____	_____	_____

**Business Trade References We May Contact:**

Name	Mailing Address	City/State/Zip	Contact	Phone
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

I understand that I will not be sent a monthly statement and the invoice I receive will be the only notice to me that payment is due. I/We also understand that a service charge of 1-1/2% per month of the maximum amount allowed by law will be assessed against our account if I/We do not pay within our terms of Net 45 Days. I/We also understand that in the event terms and conditions are not met as stated, I/we may be required to pay all costs of recovery and/or interest where applicable.

I (we) certify that the above information is true, complete, accurate and authorized verification. I (we) understand that the information furnished you on this page is for the purpose of obtaining credit from your firm and that I am (we are) authorized, in my (our) capacity, bind my (our) firm accordingly. It is agreed that the account of the undersigned will be paid in accordance with the terms stated on the invoice, unless other arrangements have been made. In the event that any dispute arises between the parties with respect to this agreement and such matter is referred to an attorney for resolution, the prevailing party will be entitled to recover from the losing party all costs and attorney fees incurred by the prevailing party. It is understood the above named corporation offices or all above named partners will be held personally responsible for all costs previously mentioned in the event that the corporation or partnership cannot pay or is liquidated.

I/We understand and acknowledge that our application will be used to evaluate our stability and credit. In addition some or all of this information may be used with a Consumer Reporting Agency. This information will be kept confidential and used only by this office.

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner, Partner, or Authorized Signature) \*

Release Authorization: I authorize above named references to release any information needed to Stephens Industries LP.

Signature: \_\_\_\_\_ \*

(\* = Required)



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## Material Certification for Stephens Industries LP

Date: \_\_\_\_\_

I hereby certify that the material I am hauling into the Stephens Industries Landfill is clean and not contaminated with any Hazardous or Unacceptable Material such as lead, PCB's, gas, diesel, oil, waste water sludge, asbestos or any other material set forth by Georgia EPD deemed a prohibited waste. Further, said material is not Hazardous Waste as defined by US EPA or contains PCB's regulated by 40 CFR 761.

Company: \_\_\_\_\_

Name of Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_