



Southern California Sanitation  
 163 Sixth Ave  
 City of Industry, Ca 91746  
 P (800) 850-8871 F (626) 333-2949

**CUSTOMER INFORMATION**

Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Billing Address: (if other than above) \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Form of Business:  Sole Proprietorship  Partnership  Corporation Date Bus. Started: \_\_\_\_\_  
 Federal Tax ID#: \_\_\_\_\_ Duns #: \_\_\_\_\_ Contractor Lic #: \_\_\_\_\_  
 State in Which Incorporated: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_

**Proprietor(s) / Partner(s) / Officer(s) Information**

A Partner/Sole Proprietor Must Provide a Social Security Number to Attain an Approval for Credit Terms

1. \_\_\_\_\_  
 Name Title Residence Street Address/City, State, Zip Social Security #  
 2. \_\_\_\_\_  
 Name Title Residence Street Address/City, State, Zip Social Security #

**Bank Reference**

Bank Name: \_\_\_\_\_ Bank Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_  
 \_\_\_\_\_  
 Account #: \_\_\_\_\_ Street Address/City, State, Zip: \_\_\_\_\_  
 Type of Account:  Checking  Savings

**Open Account Credit has been established at the following:**

1. \_\_\_\_\_  
 Firm Name Street Address / City, State, Zip  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Account #: \_\_\_\_\_  
 2. \_\_\_\_\_  
 Firm Name Street Address / City, State, Zip  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Account #: \_\_\_\_\_  
 3. \_\_\_\_\_  
 Firm Name Street Address / City, State, Zip  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Terms and Conditions of Sale

Terms & Conditions: Net 30 days past and thereafter; all accounts 30 days past due are subject to a late payment charge of 1 1/2 % per month or the maximum allowed by law. Purchaser agrees to pay all reasonable collection costs and attorney's fees necessary to collect past due amounts. The above information is for the purpose of obtaining credit and is warranted to be true. Application is authorization for the release of credit information to So Cal Sanitation. I/We hereby authorize So Cal Sanitation to investigate the references listed pertaining to my/our credit and financial responsibility. Past due balances sixty (60) days or more will be automatically charged to the credit card provided at initial order.

\_\_\_\_\_  
 Signature of Owner, Officer or Authorized Representative

\_\_\_\_\_  
 Print Name Title Date

\_\_\_\_\_  
 Signature of Owner, Officer or Authorized Representative

\_\_\_\_\_  
 Print Name Title Date

Mail or Fax to: So Cal Sanitation, ATTN: Credit Dept., 163 Sixth Ave, City of Industry, Ca 91746 F (626) 333-2949