

Credit Application Form

Mason, MI • Lakeville, MN • Cincinnati, OH • Spartanburg, SC

(P) 864.764.1942 | (F) 864.764.1946 accounting@cleanlites.com www.cleanlites.com

Your Name:		Phone #: Fax #:
Company Na	ame:	E-mail Address:
Address:		DUNS #:
City:	State: Zip Code:	AP Contact:
Type of Bus	iness:	Annual Sales:
How long in	Business: Number of Employees:	Net Worth:
Name of Ba	nk:	Phone #: Fax #:
Address:		E-mail Address:
City:	State: Zip Code:	
Trade References		
1. Name:		Phone: Fax #:
Address:		Account #:
City:	State: Zip Code:	
2. Name:		Phone: Fax #:
Address:		Account #:
City:	State: Zip Code:	
3. Name:		Phone: Fax #:
Address:		Account #:
City:	State: Zip Code:	
I acknowledge that Cleanlites Recycling Inc. quotes are subject to credit approval. If credit is not approved, a deposit or prepayment in full may be required. I agree that purchase terms are Net 30 days. If any amount is not paid when due, then I acknowledge that I will be liable for 2.0% per month interest and all collection costs. Cleanlites Recycling Inc. is authorized to contact any of my above credit references regarding my credit rating and to make information available to credit agencies regarding my credit history with Cleanlites Recycling Inc		
Your typed signature is validation to proceed.		
Signature:		Date:

Please submit by clicking the "Submit by E-mail" button or click the "Print Form" button and fax completed form to: (864) 764-1946