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**BUSINESS ACCOUNT APPLICATION**

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Physical Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Billing Address**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Type of Business**

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

If Corporation; Subsidiary: \_\_\_\_\_ or Division: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Parent Company Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Company Officer, a Partner or Owner**

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

Federal Tax ID No.: \_\_\_\_\_ or Social Security No.: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank Reference**

Bank Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Trade Reference**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the above referenced companies to release any information concerning our account history. If credit is authorized, I agree to pay all invoices rendered within thirty (30) days from the date of the invoice. I understand that a charge of 1 1/2% per month will be added to past due accounts.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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