



60 Armstrong Ave.
Georgetown, ON, L7G 4R9
Phone: 905-877-9185
Fax: 905-877-9109
www.anybins.ca

CREDIT APPLICATION

CUSTOMER ACCOUNT NUMBER
OFFICE USE ONLY

PRINT PLEASE

CUSTOMER DATA	REGISTERED LEGAL NAME	YEAR STARTED	PROPRIETORSHIP <input type="checkbox"/>
	OPERATING NAME	TELEPHONE NO.	
	ADDRESS	FAX NO.	INCORPORATED <input type="checkbox"/>
	CITY	POSTAL CODE	EMAIL ADDRESS

NAME OF APPLICANTS OFFICERS, IF INCORPORATED OR OWNERS, IF SOLE PROPRIETORSHIP OR PARTNERSHIP;

OWNERS / OFFICERS	NAME / TITLE	HOME ADDRESS	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	HOME TEL NO.	CELL NO.
	NAME / TITLE	HOME ADDRESS	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	HOME TEL NO.	CELL NO.
	ADDRESS	HOME ADDRESS	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	HOME TEL NO.	CELL NO.

CREDIT INFORMATION	NAME OF BANK	ACCOUNT NO.	NO. OF YRS AT BANK
	ADDRESS	TELEPHONE NO.	MANAGER
	TRADE REFERENCES: NAME & ADDRESS	CONTACT	TEL NO.
	1.		
	2.		

SERVICES	SERVICES / MATERIAL REQUIRED
	DISPOSAL CONTAINERS _____ AGGREGATES _____ FLOAT SERVICES _____
	AMOUNT OF CREDIT REQUIRED _____ TERMS N / 30 DAYS INTEREST OF 1.5% PER MONTH OR 18% PER ANNUM IS CHARGED ON ALL OVERDUE ACCOUNTS

NEW BUSINESS	NEW BUSINESS UNDER 2 YEARS OR PERSONAL PURCHASER IS REQUESTED TO PROVIDE AT THEIR OPTION THE FOLLOWING INFORMATION:			
	APPLICANTS	SOCIAL INS. NO. <SIN>	DATE OF BIRTH	CREDIT CARD NO. / EXPIRY DATE / VISA / M/C
	APPLICANTS	PRESENT / PAST EMPLOYER AND TELEPHONE #		
	HOME ADDRESS IF DIFFERENT FROM ABOVE:			

The undersigned hereby acknowledges, consents and authorizes ANY BINS & WASTE SERVICES INC. as well as their respective agents, associates and affiliates to collect, use and disclose the above information for the purpose of the ANY BINS & WASTE SERVICES INC. establishing a credit facility for the Applicant. For greater certainty, the undersigned each acknowledge and agree that the above information will be used by ANY BINS & WASTE SERVICES INC. from time to time for the monitoring and maintenance of the credit facilities granted to the Applicant hereunder, including without limitation requesting information about any of the undersigned from the files of various consumer and credit reporting agencies.

PRINT NAME _____	TITLE / FIRM POSITION _____
SIGNATURE _____	DATE SIGNED _____

CREDIT APPLICATION TO BE SIGNED BY AN OFFICER OF THE CORPORATION OF A PERSON AUTHORIZED TO SIGN ON IT'S BEHALF.

OFFICE USE ONLY		
DATE:	CREDIT LIMIT:	APPROVED BY: