



HIAWATHA SHORES LANDFILL

3098N 436 County Road
Gulliver, MI 49840
PH (906)341-2001
FX (906)341-2051

APPLICATION FOR CREDIT

Name of Firm or Individual _____

Federal ID# or Social Security # _____

Address _____

(Area Code) Phone Number _____

City _____ State _____ Zip _____

(Area Code) Fax Number _____

Business Type: Corporation Partnership Individual

Years Established.: _____

1. _____

Name of Principal(s) _____

Social Security # _____

Address _____

(Area Code) Phone Number _____

2. _____


Name of Principal(s) _____

Social Security # _____

Address _____

(Area Code) Phone Number _____

A/P Contact: _____

Would you like to
receive invoices Yes No
via email? 

A/P Email Address: _____

Bank Reference

Name of Bank _____ Acct No. _____ Officer Handling Account _____

Address _____

(Area Code) Phone Number _____

City _____ State _____ Zip _____

(Area Code) Fax Number _____

Trade References

1. _____

Business Name _____

(Area Code) Phone Number _____

Address _____

(Area Code) Fax Number _____

2. _____

Business Name _____

(Area Code) Phone Number _____

Address _____

(Area Code) Fax Number _____

3. _____

Business Name _____

(Area Code) Phone Number _____

Address _____

(Area Code) Fax Number _____

TERMS: The undersigned, hereinafter called the "Applicant" hereby apply for a regular open credit account. Applicant represents and warrants that information contained in this application is true and complete. Applicant understands the terms of the sale, which are **net 15** from the date of invoice, and agrees to pay a **1.5% late charge per month** (18% per annum) on any past due balance. Applicant certifies that he/she is authorized to bind the firm to this agreement and hereby give authorization for the above listed credit references to release any applicable credit information.

Authorized Name: _____

Title: _____

Authorized Signature: _____

Date: _____