



Waste Funding

Waste Funding
101 South Mercer Street
Suite 302
New Castle, PA 16101
724-652-7799 • 770-552-9546 FAX

DATE
REP:
DATE COMPANY ESTABLISHED
MO. YR.
TELEPHONE NO. & FAX NO.
TYPE OF BUSINESS PROPRIETORSHIP PARTNERSHIP CORPORATION LLC
LESSEE CONTACT FEDERAL TAX ID

LESSEE FULL COMPANY NAME
LESSEE FULL COMPANY ADDRESS CITY STATE ZIP
TYPE OF BUSINESS PROPRIETORSHIP PARTNERSHIP CORPORATION LLC
LESSEE CONTACT

Table with 6 columns: BANK, CITY/STATE, PHONE NO., TYPE OF ACCT., CONTACT, ACCT NO. Rows 1 and 2.

Table with 5 columns: TRADE OR FINANCE REFERENCES, CITY/STATE, PHONE NO., CONTACT, ACCT. NO. Rows 1, 2, and 3.

PERSONAL INFORMATION
NAME
STREET
CITY, STATE, ZIP
TELEPHONE NO.
SOCIAL SECURITY NO.
% OF OWNERSHIP



Where the waste industry goes to recycle their dollars.

VENDOR INFORMATION

CONTACT TELEPHONE NO. FAX NO.
EQUIPMENT DESCRIPTION NEW USED
EQUIPMENT LOCATION (IF DIFFERENT THAN LESSEE ADDRESS ABOVE)
TERM TOTAL INVOICE WITHOUT TAX

CREDIT RELEASE

Everything that I/we have stated in this application is correct and to the best of my/our knowledge. I agree to notify you of any material change(s) in my financial condition. By signing below, the undersigned individual, who is either a principal of the credit applicant or a personal guarantor of its obligations, provides written instruction to Waste Funding or its designee (and any assignee or potential assignee thereof) authorizing review of his/her personal credit profile from a national credit bureau. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal, or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application. I/We hereby authorize our banks, trade references, and financial institutions the right to release credit information to Lessor.

X _____