



P.O. BOX 650040, WEST NEWTON MA, 02465
(800) 338 – DUMP (508) 668 – 0455 FAX: (508) 668 – 0536
www.barrybrodisposal.com

Credit Application and Customer Agreement

Company Name: _____
Company Phone #: _____ Fax #: _____
Company Address: _____
City, State, Zip: _____ How Long in Business: _____
Contact for Payment: _____ Federal ID #: _____

Partners or Corporate Officers: (use additional page if needed)

1. Name & Title: _____ S S#: _____
Home Address: _____ Phone#: _____

2. Name & Title: _____ SS#: _____
Home Address: _____ Phone#: _____

Bank Reference:

Bank _____ Acct # _____ Phone#: _____
Address _____ Contact _____

Trade References: (List 3) Please supply both phone and fax numbers.

1. Name: _____ Phone #: _____
Address: _____
Contact: _____ Fax #: _____
2. Name: _____ Phone #: _____
Address: _____
Contact: _____ Fax #: _____
3. Name: _____ Phone #: _____
Address: _____
Contact: _____ Fax #: _____

VALID CREDIT CARD INFORMATION (Required to process)

Card Type _____ Account #: _____ Exp. Date: _____

In consideration of credit services to be given, I(We) hereby authorize you to contact the above and authorize their release of essential information. My(Our) signature confirms that I(We) will maintain my account in current standing (net 15 days). If my account is not in current standing my signature also confirms that my credit card will be charged the balance due. I will also inform Barry Bros. of any change(s) in my credit card information.

We certify that the information submitted for credit approval is correct. We agree to make payments according to the terms set by Barry Bros. Disposal, LLC. We agree to pay any additional charges incurred by Barry Bros. Disposal, LLC, in an effort to collect any unpaid balance including charges by a collection agency, collection fees, court fees, and attorney's fees.

Name of Principal Officer Signature of Principal Officer Title/Position Date