

12640 Innis Lake Rd, Caledon, Ontario, L7C 2Y4

Tel: (905) 857-9350 Fax: (905) 857-2678

NEW ACCOUNT- CREDIT APPLICATION

Company Name:	
Type of Business:	
Address:	Suite#
City or Town:	Postal Code:
Name of Principals:	J
Name of Signing Officers:	
Telephone: Fax:	
Accounts Payable Contact:	
Name of Bank:	Account#
Bank Branch Contact Info:	
REFERENCES:	
Company Name: Co	ontact:
Address:	.Phone#:
Company Name: Cor	ntact:
Address:Ph	none#:
By signing below, I authorise Rexwell Disposal Services Ltd and release and exchange such credit, banking and financial information. Principal/ owner/ operator referred to herein I take notice that reinformation and credit information, and I consent to the receipt, discribed by Services Ltd, other related parties, and agents. I certify that the authorised to bind the company and agree to pay invoices in full 30 there may be a service charge of 2% interest per month on any balance.	n as may be necessary to determine your credit standing. As the eports will be sought containing personal information, financial sclosure and exchange of such information to Rexwell Disposal information above is true and correct, I also certify that I am days from date of which received. In addition I (we) accept that
I have read and understand the terms & conditions:	
Signed by:	
Name: Title:	Date: