



HIPPO WASTE SYSTEMS
 842, BUSCHONG, HOUSTON, TEXAS 77039
 Phone: (281) 219-3433; Fax: (281) 219-4092



APPLICATION FOR CREDIT

COMPANY INFORMATION

We are pleased that you are interested in obtaining an open account with our company. The information you supply will be held in strict confidence and used solely for purposes of extending credit to you.

COMPANY NAME		CORPORATION / PARTNERSHIP / INDIVIDUAL		
STREET NUMBER	STREET NAME	CITY	STATE	ZIP CODE
MAILING ADDRESS, IF DIFFERENT THAN PHYSICAL ADDRESS		CITY	STATE	ZIP CODE
PRESIDENT OR OWNER		FEDERAL I. D. NUMBER		SOCIAL SECURITY #
CONTROLLER OR A/P CONTACT		ARE PURCHASE ORDERS REQUIRED		FIRST YEAR IN BUSINESS
PHONE NUMBER		FAX NUMBER		
BUSINESS DESCRIPTION				

BUSINESS REFERENCES

NAME	ADDRESS	CITY/STATE/ZIP	PHONE / FAX
			Ph: - -
			Fx: - -
			Ph: - -
			Fx: - -
			Ph: - -
			Fx: - -
			Ph: - -
			Fx: - -

BANK REFERENCE

NAME	ADDRESS	CITY	STATE	ZIP CODE
ACCOUNT NUMBER	BRANCH	CONTACT		PHONE

TERMS: PAYMENT WILL BE DUE TEN (10) DAYS FROM DATE OF INVOICE. ACCOUNTS OVER SEVENTY-FIVE (75) DAYS WILL RESULT IN A HOLD ON ALL ORDERS UNTIL THE ACCOUNT IS CURRENT; ACCOUNTS OVER NINETY (90) DAYS WILL BE PLACED FOR COLLECTION. COLLECTION FEES WILL BE ADDED TO UNPAID BALANCE AND WILL BECOME PART OF AMOUNT OWED TO HIPPO WASTE SYSTEMS. IN CONSIDERATION OF ALL EXTENSIONS OF CREDIT BY HIPPO WASTE SYSTEMS, LLC., TO THE ABOVE NAMED COMPANY/INDIVIDUAL, I PERSONALLY GUARANTEE FULL PAYMENT OF ALL OBLIGATIONS TO HIPPO WASTE SYSTEMS, LLC.

CUSTOMER'S AUTHORIZED SIGNATURE	
PRINTED NAME	
TITLE	DATE