CAROLINA ENVIRONMENTAL, INC.
107 New Edition Court; Cary, NC 27511
PHONE 919-481-1413 FAX 919-481-1442

CREDIT APPLICATION

Please complete and mail to:
Accounts Receivable Dept.

BUSINESS NAME: *Full Legal Name*	Account #

PURCHASING INFORMATION:	**INVOICING INFORMATION *(IF DIFFERENT)***
Main Sampling Contact Name:	Send Invoice to Attention of:
Mailing Address:	Mailing Address:
Street Address:	Street Address:
City/State/Zip:	City/State/Zip:
Phone: ( ) Fax: ( )	Phone: ( ) Fax: ( )
Email:	Email:

BUSINESS INFORMATION		
Federal Tax ID:	**Type of Business:**	**This Location:**
Date Formed: / /	☐ Public Corporation ☐ Sole Proprietorship	☐ Headquarters ☐ Subsidiary
Years Under Current Ownership:	☐ Private Corporation ☐ Limited Liability Company	☐ Division ☐ Branch
DUNS #:	☐ Partnership ☐ Other:	☐ Other:

OWNERS, PARTNERS AND OFFICERS		
1	2	3
Full Name	Full Name	Full Name
Home Address	Home Address	Home Address
City/ST/Zip	City/ST/Zip	City/ST/Zip
Phone	Phone	Phone
SSN	SSN	SSN
Title	Title	Title

BANK REFERENCE		
Name of Bank:	Address/City/State/Zip:	Checking Account #
Name of Bank Officer:	Phone: ( )	Savings Account #

BUSINESS CREDIT REFERENCES		
Name:	Address/City/State:	Phone: ( )
Name:	Address/City/State:	Phone: ( )
Name:	Address/City/State:	Phone: ( )

I/We, the applicant (business named above), authorize Carolina Environmental, Inc. (CEI) to obtain credit reports and contact references as deemed necessary for the purposes of extending credit. Owners, shareholders, partners and/or corporate officers of the applicant authorize CEI that all invoices are due and payable in full within 10 business days of the invoice date (or as otherwise agreed in writing by both purchaser and CEI). I/We agree to be responsible for all attorneys' fees and/or collection costs in the event that the applicant's account is placed with a professional for collection, or if suit is filed for collection.

I CERTIFY THAT I AM AUTHORIZED TO SUBMIT THIS APPLICATION FOR CREDIT ON BEHALF OF THE APPLICANT.

X _____ _____ _____ _____
SIGNATURE DATE NAME (PRINT) TITLE

PERSONAL GUARANTEE OF APLLICANT OWNER(Required for all businesses not publicly traded)

X _____ _____ _____ _____
SIGNATURE DATE NAME (PRINT) TITLE