



MODERN CORPORATION

4746 Model City Road – PO Box 209
Model City, New York 14107-0209
(716) 754-8226 ♦ (800) 662-0012
FAX # (716) 754- 8964

APPLICATION FOR CREDIT

- Modern Disposal Services, Inc. • Modern Landfill, Inc.
- Modern Portable Toilets, Inc. • Modern Recycling, Inc.
- Lockport Sanitation • et. al.

Approved Declined

Name _____ Date _____
Credit Limit _____

Business Name: _____ Sales Rep: _____

Address: _____

Billing Address (if different): _____

City, State, and Zip Code: _____

Telephone: (____) _____ Cellular Telephone: (____) _____ Fax: (____) _____

Years in business at the above location: _____ Tax I.D. # _____

If less than five (5) years list previous business if any: _____

Business Type: Corporation (____) Partnership (____) Sole Proprietorship (____)

If you are claiming tax exemption status, Modern must have your certificate for each exemption claim on file

Principal Owner: _____ Title: _____

Home Address: _____ S.S. # _____

City, State, Zip Code: _____ Home Telephone: (____) _____

Bank References: _____ Branch: _____

Branch Officer: _____ Telephone: (____) _____

1) Trade References: _____ Telephone: (____) _____

Address (City, State, Zip Code): _____

2) Trade References: _____

Address (City, State, Zip Code): _____

CREDIT TERMS

Our payment terms are net 10 days from the date of invoice for services. Modern requires that a valid credit card be kept on file and that you hereby authorize Modern to automatically deducted from your credit card account any payment due or any unpaid balances. By submitting this application, you agree and authorize Modern to charge the credit card on file until written notice of termination has been received by Modern.

The undersigned further agrees to pay a two (2) percent service charge on all past due account balances. It is further understood that the undersigned agrees to pay all reasonable fees incurred from the collection of delinquent accounts. The undersigned hereby agrees that any disputes arising out of this agreement will be governed and settled under applicable principles of New York State law, under jurisdiction of New York State courts and that venue in any such action shall be in the County of Niagara, New York. No action will be taken to open an account unless signed below.

Credit card number: _____ CV 2 # _____ Expiration date: _____

Visa or Master Card ONLY: _____ Cardholders name as it appears on card: _____

Address of cardholder: _____ City: _____ State: _____ Zip: _____

Signature of cardholder: _____

I, hereby agree that the information provided above is correct and that I understand the terms and conditions. I further agree to assume full responsibility for and personally guarantee full and prompt payment of any and all liabilities incurred by the above named business in connection with services utilized by or on behalf of such business with:

(Print Business)

(Signature only)

(Print Name)

(Date)