

# Twin Enviro Services

rev 2-08

**Milner Landfill** (Twin Landfill Corporation) • P.O. Box 774362 • 1049 Crawford Ave • Steamboat Springs, Colorado 80477 • voice 970/875-0355 • fax 815/377-2495 • office@twinenviro.com

**Phantom Landfill** (Twin Landfill Corporation of Fremont County) • 2500 Fremont County Road 67 Penrose, Colorado 81240 • voice 719/372-6671 • fax 815/377-2495 • phantom@twinenviro.com

**Trinidad** (Twin Landfill Corporation of Fremont County) P.O. Box 267, Trinidad, Colorado 81082 voice 719/846-4030 • fax 815/377-2495 • trinidad@twinenviro.com

## APPLICATION FOR CREDIT

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Name of Firm or Individual	Phone	Fax	Email
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Address (Please include both the street address and the mailing address when different)

**HEREBY apply for credit with terms of net 15 days. Interest of 1 1/2% per month (18% annual percentage rate) on any amount not paid when due.**

The following information must be completed in full and will be held in strictest confidence.

**OWNERSHIP:** \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_\_\_ Date Business Started \_\_\_\_\_

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Name(s) of Principal (s)	Phone	E-mail
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Mailing Address

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Street Address

**FINANCE:**

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Bank, Officer or Department	Phone	E-mail
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Address

### **CREDIT REFERENCES REQUIRED - COMPLETE ALL FIELDS INCLUDING FAX**

1. 

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Fax</b>	<b>email</b>
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2. 

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Fax</b>	<b>email</b>
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3. 

<b>Name</b>	<b>Address</b>	<b>Phone</b>	<b>Fax</b>	<b>email</b>
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We certify that all the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Customer agrees to be liable for collection costs and reasonable attorney fees. Signing officer agrees to be personally liable for amounts not paid when due if applicant is a corporation or LLC. Applicant covenants and agrees not to attempt to dispose of prohibited material at Twin sites. Applicant agrees to allow Twin to check references.

Date \_\_\_\_\_ Signed (Must be Officer if applicant is Corporation) \_\_\_\_\_

Title \_\_\_\_\_ Social Security # \_\_\_\_\_ Name (Please Print) \_\_\_\_\_