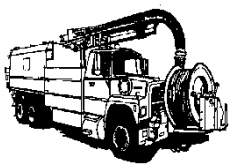

Mid-Atlantic Waste Systems

Division of THC Enterprises, Inc

10641 Cordova Road, Easton, Maryland 21601

Toll Free 800-338-7274

Application for Credit

For faster processing, fax your completed customer profile to (410) 820-9275, Attn: Credit Department

Or email to receivable@mawaste.com

In order to process this application, all requested information must be provided.

Date Approved:	Approved By:	Approved Credit Limit:

Company name:
(If corporation, use EXACT corporate name)

Physical Address:

City:	County:	State:	ZIP Code:

Phone:	Fax:	E-mail:

Contact Person:	Title:	Nature of Business:	SIC #:

Federal Tax ID or FEIN:	# of Years in Business:	Dunn & Bradstreet #:
FET Exempt #	Sales Tax Exempt #	State: (Please attach a copy of Blanket Resale Certificate)

Sole Proprietorship: ☐ Limited Liability Company: ☐ Corporation: ☐ Other: ☐ Define: _____

State of Incorporation:

Mailing address, if different from above address:

City:	County:	State:	ZIP Code:

Are purchase order numbers required? YES ☐ NO ☐	ACCOUNTS PAYABLE CONTACT:
Owner's Name:	Complete Address:

PRINCIPALS – Please list two members of LLC or at least two officers of corporation.

Name:	Title:	Phone:( ) -
Complete Address:		SS: - -
Name:	Title:	Phone:( ) -
Complete Address:		SS: - -

Business/Trade references

Supplier:		
City/State:	Phone:( ) -	Fax:( ) -
Supplier:		
City/State:	Phone:( ) -	Fax:( ) -
Supplier:		
City/State:	Phone:( ) -	Fax:( ) -

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BANK RELEASE STATEMENT

Company Name:_____

Bank Name: _____	Branch (City, State) _____
Telephone #: _____	Fax #: _____
Checking Account #(s): _____	Saving Account #(s): _____
Loan Account #: _____	Other Account #: _____

To any bank or credit reference listed above:

This is your full authority to give and release to Mid-Atlantic Waste Systems, Division of THC Enterprises, Inc., until 60 days after the below date, from time to time, as requested, any information, document, opinion or assistance about financial reports or records of the above named company, that you may have under your control. A photocopy or reproduction of this authorization, as duly executed shall have the same force and effect as the original.

Date: _____ Signature: _____

Printed Name: _____

Division of THC Enterprises, Inc

Credit Agreement

Terms and Conditions of Credit:

In the event that credit terms are extended, the undersigned agrees to pay all invoices in accordance with the credit terms of net 15 days and agrees to pay a finance charge of 1.5% per month (18% per annum) on any and all balances over stated terms. No modification of this agreement shall be valid unless the same is agreed to in writing by both parties. The undersigned consents to jurisdiction as to any action or proceeding brought to collect on this account in any appropriate state or federal court in the State of Maryland and agrees that venue shall be proper in Talbot County, Maryland. The undersigned agrees to pay a $30.00 fee for any and all returned checks. Authorized returns of regular stock items will be subject to a 15% restocking charge if returned within 30 days from the invoice date. No returns accepted after 30 days. The undersigned agrees to pay all expenses, charges, costs and fees, including, without limitation, attorneys' fees and expenses, of any nature whatsoever paid or incurred by, or on behalf of THC Enterprises, Inc. d/b/a Mid-Atlantic Waste Systems, Inc., in connection with any collection action brought hereunder. The invalidity of all or any part of any provision of this Agreement shall not render invalid the remainder of such provision or any other part of this Agreement.

The undersigned acknowledges that he has read the terms and conditions of this contract, that he understands same and that he agrees to be bound by them.

The undersigned further certifies that he is duly authorized to bind the legal entity named above in contract.

ATTEST:

_____

Secretary of Corporation or Member of LLC

(SEAL)

Name of Entity:

_____

Officer Signature:

_____

Print name:

_____

Title:

_____

Date: _____

PERSONAL GUARANTY

If no legal entity is named or applicant is sole proprietorship, the undersigned agrees to be personally liable on this account.

WITNESS: _____

(SEAL)

Signature:

_____

Print Name:

_____

Date: _____