

People's United Equipment Finance Corp.

10715 David Taylor Drive, Suite 550
Charlotte, NC 28262

• Waste Division • Robert Marino • Phone: 855-344-2224 • Mobile: 215-360-1776 • Fax: 215-885-3192 • rmarino@puefc.com

CREDIT APPLICATION

Company Information: Include two year end financials statements and tax returns, current interim statements & owner(s)' personal financial statement(s)

Proprietorship Partnership Corporation Subchapter S Corp Limited Liability Corp (LLC) (if LLC provide copy of operating agreement)

Company Legal Name: _____ Short/DBA Name: _____

Physical Address: _____ City: _____ State: ___ Zip: _____ County: _____

Billing Address: _____ City: _____ State: ___ Zip: _____ County: _____

Established: _____ State: ___ Fed. I.D. #: _____ E-Mail: _____ Website: _____

Contact: _____ Phone #: _____ Cell/Other Phone #: _____ Fax #: _____

Shop/Repair Facilities: Yes No # of Vehicles in Service: _____

Industry experience of principal(s)/owner(s), years in business, other companies: _____

Major Contract(s): _____

Equipment description, purchase amount, freight, & taxes (if applicable): _____

Company Ownership: If Corporation - names of officers, if LLC - names of members, if Partnership or Proprietorship - names of partners/owners

Full Name: _____	Soc. Sec. #: _____	Title: _____	Ownership%: _____
Home Address: _____	City: _____	State: ___ Zip: _____	County: _____
Phone #: _____	Spouse's Full Name: _____	Spouse's Soc. Sec. #: _____	
Full Name: _____	Soc. Sec. #: _____	Title: _____	Ownership%: _____
Home Address: _____	City: _____	State: ___ Zip: _____	County: _____
Phone #: _____	Spouse's Full Name: _____	Spouse's Soc. Sec. #: _____	
Full Name: _____	Soc. Sec. #: _____	Title: _____	Ownership%: _____
Home Address: _____	City: _____	State: ___ Zip: _____	County: _____
Phone #: _____	Spouse's Full Name: _____	Spouse's Soc. Sec. #: _____	
Full Name: _____	Soc. Sec. #: _____	Title: _____	Ownership%: _____
Home Address: _____	City: _____	State: ___ Zip: _____	County: _____
Phone #: _____	Spouse's Full Name: _____	Spouse's Soc. Sec. #: _____	

Credit References:

Primary Bank: _____ Acct#(s): _____ Contact: _____

Address: _____ City: _____ State: ___ Zip: _____ Phone #: _____

Insurance: _____ Policy#(s): _____ Contact: _____

Address: _____ City: _____ State: ___ Zip: _____ Phone #: _____

Finance: _____ Acct#(s): _____ Contact: _____ Phone #: _____

Primary Landfill: _____ Acct#: _____ Contact: _____ Phone #: _____

I hereby authorize People's United Equipment Finance Corp. to investigate the information supplied herein. I also authorize my bank and other financial institutions and suppliers of credit as listed herein to share with People's United Equipment Finance Corp. their experience. Authorization is granted to use photo or fax copies of signatures to obtain authorization.

By: _____ Title: _____ Date: _____



People's United Equipment Finance Corp.
Waste Services Division
10715 David Taylor Drive, Suite 550
Charlotte, NC 28262
Phone: 704-909-3700 Fax: 704-909-3724

**CONSENT FOR USE OF
A CONSUMER CREDIT REPORT**

Date: _____

Recognizing that my personal credit history may be a factor in the evaluation of the credit history or credit worthiness of _____(the "corporate credit applicant") or in the evaluation of my personal guarantee of the obligations of the Credit Applicant (if applicable), I hereby authorize People's United Equipment Finance Corp., and all affiliates thereof (collectively, "PUEFC") to obtain and use consumer credit reports pertaining to my credit history and/or credit worthiness from any credit reporting agency for use in connection with the Credit Applicant's application for the extension of business credit by PUEFC.

In connection with any such application for business credit, I further agree that the permission hereby granted to PUEFC to obtain a consumer credit report shall be on going and shall relate not only to the evaluation and/or extension of any business credit now or hereafter requested by Credit Applicant but also for the purposes of reviewing Credit Applicant's account, increasing the credit line on the account, taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. I further waive any right or claim which I might otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Acknowledged and agreed to by:

X _____
(Your signature here)

Printed Name

Social Security Number

Street Address

City, State, Zip

Phone Number



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Waste Services Division
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Phone: 704-909-3700 Fax: 704-909-3724

CREDIT RELEASE AUTHORIZATION

To Whom It May Concern:

I hereby authorize you to release information regarding my credit, borrowing, or depository relationship with your company.

This authorization to release information has been given in conjunction with an application for credit extension with the above named lender.

Name of Corporate
Borrower : _____

Signature of Corporate
Officer: _____

Title: _____

Date: _____