



4335 South Lee Street, Suite D
Buford, GA 30518

Application for Credit

FED ID # (FEIN) _____
LEGAL COMPANY NAME _____
OWNER'S NAME _____
BILLING ADDRESS _____
BILLING CONTACT _____
BILLING PHONE AND EXT _____
TELEPHONE NUMBER () _____ FAX NUMBER () _____
HOW LONG IN BUSINESS _____

BANKING INFORMATION

BUSINESS CHECKING:
NAME OF BANK _____
ADDRESS _____
ACCOUNT# _____
BANK CONTACT _____
TELEPHONE () _____

OTHER ACCOUNTS:
NAME OF BANK _____
ADDRESS _____
ACCOUNT# _____
BANK CONTACT _____
TELEPHONE () _____

CREDIT/TRADE REFERENCES:

NAME _____
ADDRESS _____
CONTACT _____
TELEPHONE _____

NAME _____
ADDRESS _____
CONTACT _____
TELEPHONE _____

BUSINESS INFORMATION

IS YOUR BUSINESS A: (CHECK ONE)
PROPRETORSHIP () PARTNERSHIP () OR CORPORATION ()
IS YOUR BUSINESS A SUBSIDIARY OR BRANCH OF ANOTHER BUSINESS? ____
IF YES, WHICH BUSINESS? _____

AUTHORIZATION: I/We certify that all of the information furnished in this application is true and correct, and is given for the purpose of extending credit. Greenleaf Environmental Group, Inc. is hereby authorized by the undersigned to investigate the aforementioned references, each of which is authorized by the undersigned to provide all information requested by Greenleaf Environmental Group, Inc.

Signature Date Title