

***Heartland
Recycling-
Aurora CCDD,
LLC***

**Credit Application and Agreement
213 Mettel Road
Aurora, IL 60504**

Phone: 630-391-0022

Fax: 877-242-4930

Name of Business _____ **Date Business Started** _____

Street Address _____ **Mailing Address** _____

City/State/Zip _____ **City/State/Zip** _____

Phone _____ **Fax** _____ **Email** _____

Type of Business (Circle one) **Sole Proprietor** **Partnership** **Corporation** **LLC**

Date of Incorporation _____ **State** _____ **Fed ID #** _____

Primary Business Product of Service _____

Subsidiary or division of another company? If so, give name of parent company _____

Exempt from Illinois or Indiana Sales Tax? (Circle One) No Yes

Name/Title of Owner _____ **SSN** _____

Accounts Payable Contact _____

Phone _____ **Fax** _____

BANK & LENDING REFERENCES:

Name City Phone Fax Contact Acct#

TRADE REFERENCES:

Name Address Phone Fax Contact

The undersigned customer certifies the above credit information is correct and authorizes and directs the above indicated banks, lenders, and suppliers to verify said information and give additional requested information to Heartland Recycling, L.L.C. upon request.

Signature

Printed Name

Title

Date