



IDAHO WASTE SYSTEMS INC.

IDAHO WASTE SYSTEMS, INC.  
P. O. Box 1386  
Mountain Home, ID 83647  
(208) 796-2727 Phone  
(208) 796-2729 Fax

## CREDIT APPLICATION

Business Name: \_\_\_\_\_

Agent Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

D.O.B. \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

\_\_\_\_ Corporation \_\_\_\_ Individual \_\_\_\_ Partnership (Check one)

Federal ID # \_\_\_\_\_

Bank \_\_\_\_\_ Phone \_\_\_\_\_

BY SIGNING BELOW, YOU AUTHORIZE IDAHO WASTE SYSTEMS TO CHECK YOUR CREDIT.

Signature \_\_\_\_\_ Date \_\_\_\_\_

References:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_