

Application for Credit

Merrell Bros., Inc. St. Louis Disposal Solutions

Business Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. _____ Fax No. _____

Owner(s) _____

How long in business _____ Have you ever filed Bankruptcy? _____

Do you currently have an operating loan with a Bank? _____

If yes then what % of your operating line is currently available and not being used? _____

Trade References:

1.) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (____) _____ Fax No. (____) _____ Contact Person _____

2.) Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (____) _____ Fax No. (____) _____ Contact Person _____

Bank References:

1.) Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. (____) _____ Fax No. (____) _____ Contact Person _____

If a second Bank is used, please identify below. If not, then please leave blank.

2.) Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No. (____) _____ Fax No. (____) _____ Contact Person _____

The undersigned authorizes inquiry as to credit information with the References listed above. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

Name Printed

Signature

Date