

UNITED RECYCLING

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unitedrecyclingco.com

Company Name	Corporation ()	Partnership ()	Sole Owner ()	Bonding Company
Address	Contact Person			State of Incorporation
City State Zip	Prior Business			Sales Tax Exemption Number
Phone Number	Business Start Date			<i>Note: State law requires that we have card on file</i>
Fax Number	Contractors License Number			How long in present location
Principles	Title	Home Address	Home Phone	Social Security Number
References				
Bank Acct. #:	_____			Phone Number:_____
Equipment Holder:	_____			Phone Number:_____
Mortgage Company:	_____			Phone Number:_____
Supplier:	_____			Phone Number:_____
Supplier:	_____			Phone Number:_____
Supplier:	_____			Phone Number:_____
Supplier:	_____			Phone Number:_____
Additional Company Information				
Has your company ever filed bankruptcy? Yes_____ No_____ If Yes, When_____				
Has an officer or owner of your company ever filed bankruptcy, either personally or under another				
Company name? Yes_____ No_____				
If yes, name of officer or former company_____				
Date_____ Chapter 7_____ Chapter 11_____ Chapter 13_____				

The above information is true and complete to the best of my knowledge

Signature_____ Date_____

Name_____ Title_____