



Return To:  
 Sales Department PO Box 17250  
 P: (203) 353-3737 Stamford, CT 06907  
 F: (203) 359-8426  
 Sales@citycart.net

**CREDIT APPLICATION**

Requested Credit Line: \$ \_\_\_\_\_ Est. Monthly Business: \$ \_\_\_\_\_ Salesperson: \_\_\_\_\_

We thank you for your inquiry and appreciate the opportunity to be of service to you. To help us establish an open credit line for you, we request that you execute this Agreement and furnish us with the names, addresses, and account numbers of **three (3) trade references** and **one bank reference**. We also require you fill out a **W9 Form**. If your company is tax-exempt, you must attach a resale certificate or tax exempt form. Please allow 10 to 15 business days for the approval process once we receive all information back from your references.

Legal Business Name: \_\_\_\_\_ Fed ID or SS#: \_\_\_\_\_

Other Names (DBAs or other Trade Names): \_\_\_\_\_

Type of Business (*Circle one*): Sole Proprietor / Corp / LLC / Partnership Date Business Established: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail: \_\_\_\_\_

Have we serviced you previously? Yes / No If Yes, when was last service? \_\_\_\_/\_\_\_\_/\_\_\_\_

What services are you seeking for us to provide? Trash/Recycling Services C&D Dumpsters Transfer Station

**Principles and/or Officers of Corporation:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_ E-Mail: \_\_\_\_\_

**CORPORATE AUTHORIZATION**

In consideration of City Carting & Recycling, Inc. and/or its affiliates (referred to herein as "City") extending credit to Applicant, Applicant agrees to pay for all materials and services delivered to or at request of Applicant by City in accordance with our terms. **All accounts are due and payable upon receipt of invoice.** Applicant acknowledges that a service charge shall be payable to City by applicant, at a rate of 1.5% of the invoice amount per month on any invoice over 60 days old from the date of initial billing. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and reasonable attorney's fees in addition to all other sums due. **The applicant also authorizes City to charge a credit card when provided. The undersigned warrants that he/she has read the above agreement and understands the same.**

I give my consent to have City obtain any and all information regarding depository accounts, credit accounts, and all other credit matters which they may require in connection with my application for credit. I further authorize city to obtain credit and financial information at any time and from any source.

\_\_\_\_\_  
 Name of Applicant Signature Date of Application

**PERSONAL GUARANTEE**

I assume personal and individual responsibility and liability on the terms set forth above and further guarantee payment of all fees for carting and refuse collection and removal services and other charges due and payable to City by the company and/or person listed herein.

\_\_\_\_\_  
 Name of Applicant Signature Date of Application

For official use only:  
 \_\_\_\_\_

REFERENCES SHEET

**Please provide complete information, especially phone, fax and account numbers. Thank you.**

Trade References

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Bank References

Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_  
 Account #: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Other Information

CREDIT CARD INFORMATION

Name on Card: \_\_\_\_\_ Card Billing Address: \_\_\_\_\_  
 Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
-									
-									
<b>Employer identification number</b>									
-									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.