

# SoilSafe

Receiving of Contaminated Soil and Industrial Waste.

## Credit Application

### Company Information:

Date: \_\_\_\_\_ Credit Desired: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

Circle One:            Corporation            Individual            Other

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

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

### Names of Officers:            (Include full name, address, phone number and fax number for each)

1. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

# Credit Application

**Persons Authorized to Make Purchases:**

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

**Trade References: (Include full name, address, phone number and fax number for each)**

1. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank Reference:**

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please Include Copy of Most Recent Financial Statement**

# Soil Safe

*Recycling of Contaminated Soil and Industrial Waste.*

## Credit Terms

In consideration of your extending credit to the above firm and/or individual and in further consideration for the providing of certain services to said firm, I/We, the undersigned, do hereby guarantee payment by said firm on the terms outlined below. This is your authority to access a finance charge of 1.5% per month, or maximum rate allowable by law, on all necessary accounts past due. I/We, the undersigned, further waive notice of non-payment of the account by said firm and further agree that all or any of the undersigned maybe held liable to Soil Safe, Incorporated.

Terms are NET THIRTY (30) DAYS from date of invoice. No statement will be sent. The undersigned does hereby agree to pay all costs of collection, including 20% attorney's fees if placed in the hands of an attorney after default of terms.

I/We, the undersigned, do hereby swear that the information provided is correct in all aspects and I/We, the undersigned, understand that any misrepresentation of information will be immediate grounds for dismissal of account. Any changes or updates in the information provided should be sent to Soil Safe Incorporated, 6700 Alexander Bell Drive, Suite 300, Columbia Maryland 21046

### Acceptance of terms above:

Signature: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Soil Safe

## Chain of Payment Information Form

Project Name: \_\_\_\_\_ Project Address: \_\_\_\_\_

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Customer Name (i.e. Billing Entity): \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Intermediate Customer Name

(i.e. GC or Construction Manager): \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Generator Name

(i.e. Developer or Property Owner): \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Type of Project (Circle One):

Public

Private

Project Sub Type (Circle One)

Residential

Gas Station

Development

Remediation/Cleanup

Funding Source (i.e. Public Funding, Self Funded, Construction Loan): \_\_\_\_\_

Contract Documents (Circle All that Apply and please attach): Signed SSI Proposal Purchase Order Contract

Does Customer have a Master Service Agreement or Subcontract Agreement with Soil Safe, Inc.: Yes No Unknown

Customer Billing Frequency (Circle One): Weekly Monthly Other Billing Cut Off Date: \_\_\_\_\_

Estimated Project Duration: \_\_\_\_\_ days Agreed Upon Terms if not "net 30 days": \_\_\_\_\_ days

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Is the project bonded (Circle One): Yes (Please Attach) No Bonding Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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Sales Person: \_\_\_\_\_ Soil Safe Proposal #: \_\_\_\_\_ Soil Safe Approval #: \_\_\_\_\_ Facility: \_\_\_\_\_

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Soil Safe Approvals: Vice President Sales or CEO: \_\_\_\_\_ CFO or CEO: \_\_\_\_\_