



WASTE CONNECTIONS INC.
Connect with the Future®

CREDIT AGREEMENT

COMPANY/CUSTOMER INFORMATION:

COMPANY/CUSTOMER NAME: _____

____ Corporation ____ Partnership ____ Sole Proprietorship ____ LLC State of Origin: _____

Street Address: _____ PO Box: _____

City/State/Zip: _____ Phone: _____

Fax: _____ E-mail: _____

Federal ID #: _____ Number of Years in Business: _____

Credit Limit Requested \$ _____ Contractor's No. _____

☐ Check here if information is submitted as an attached file

INFORMATION ON PRINCIPALS:

Name	Home Address	Phone	Social Sec #	Title
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK AND TRADE CREDIT REFERENCES:

Name: _____ Account #: _____

Address: _____ Phone #: _____

Name: _____ Account #: _____

Address: _____ Phone #: _____

Name: _____ Account #: _____

Address: _____ Phone #: _____

Bank Name: _____ Account #: _____

Address: _____ Phone #: _____

Type of Account: _____ Contact: _____

TERMS AND CONDITIONS

I/we certify that this information is correct, complete and that we are able to pay within 30 days of each invoice date. I/we further understand that Waste Connections Inc. (WCI) and it's subsidiaries will rely on this information for the extension of credit. I/we authorize WCI from time to time to obtain Business and Consumer Credit Reports on Customer or any principals listed above or to obtain credit and funding information from any other source.

This is not an agreement by WCI to lend money; it is an agreement by Customer for the benefit of WCI if WCI determines to extend credit. WCI may change credit limits or other credit terms at any time, at its sole discretion. No modifications may be made otherwise to this Agreement, except in writing signed by WCI.

Customer agrees that any amount not paid within 30 days of invoice date will carry interest at the maximum rate allowed by law both before and after judgment, and further agrees to pay all costs incurred in collection, including attorney's fees, court costs, and collection agency's fees.

This Agreement shall be governed by the Laws of the State in which the Facility is located and Service is rendered.

Applicant Signature(s):

By: _____

By: _____

Name Printed: _____

Name Printed: _____

Title: _____

Title: _____

Date: _____, 20 _____

Date: _____, 20 _____

Please check the appropriate facility and return to the address/fax:

<input type="checkbox"/> Wasco County Landfill	2550 Steele Road	The Dalles, OR	97058	541-296-6449
<input type="checkbox"/> Finley Buttes Landfill	73221 Bombing Range Road	Boardman, OR	97818	541-481-2234
<input type="checkbox"/> Tehama Landfill	19995 Plymire Road	Red Bluff, CA	96080	530-527-4282
<input type="checkbox"/> Fairmead Landfill	21739 Road 19	Madera, CA	93610	559-665-3207
<input type="checkbox"/> John Smith Road Landfill	2650 John Smith Road	Hollister, CA	95023	831-635-9621
<input type="checkbox"/> Potrero Hills Landfill	3675 Potrero Hills Lane	Suisun, CA	94585	707-432-4630
<input type="checkbox"/> Avenal Landfill	201 Hydril Road	Avenal, CA	93204	559-386-5834
<input type="checkbox"/> Chiquita Canyon Landfill	29201 Henry Mayo Drive	Castaic, CA	91384	661-257-5730
<input type="checkbox"/> Cold Canyon Landfill	2268 Carpenter Canyon Road	San Luis Obispo, CA	93401	805-549-9036
<input type="checkbox"/> LRI	30919 Meridian Street East	Graham, WA	98338	253-877-7713

INTERNAL USE ONLY:

CREDIT APPROVED _____ CREDIT LIMIT EXTENDED \$ _____ CREDIT SCORE _____

CREDIT DENIED _____ REASON FOR DENIAL _____

CUSTOMER NOTIFIED OF CREDIT DENIAL on _____, 20 _____ by LETTER _____ CALL _____

CREDIT ANALYST INITIALS _____ if limit greater than \$100,000 CONTROLLERS APPROVAL _____