



Chesapeake Landscape Materials*

P.O. Box 830 • Severna Park, Md. 21146-0830

Office (410) 255-3700 • Fax (410) 255-4524

Or email to accounting@mulchman.com

*AA Recycle II, LLC T/A Chesapeake Landscape Materials

Application for Credit

BASIC INFORMATION

Firm Name		Date
Street Address		Phone No.
City, State, Zip		Fax No.
Please Check One: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other		
Type of Business	Date Started	Email Address: Required
Account Contact		Phone/Email
Mailing Address if different than listed above	Address: City, State, Zip	

OWNERSHIP INFORMATION

Please list full name of owner (or owners) if sole proprietorship, all general partners (if partnership), or authorized officer of corporation. List home address and zip code for sole proprietorship and each general partner or partnership.

Name	Address, City, State, Zip	Title	Social Security Number

TRADE REFERENCES

Company	Address	Phone
Contact	Email Address: Required	Fax
Company	Address	Phone
Contact	Email Address: Required	Fax
Company	Address	Phone
Contact	Email Address: Required	Fax

BANK REFERENCES

Name of Bank	Address: City,State,Zip	Acct. No.
Name of Bank	Address: City,State,Zip	Acct. No.

BILLING INSTRUCTIONS

Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate No. (If exempt, attach completed exemption form)	Is purchase order required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Billing Preference: <input type="checkbox"/> Paper (Bi-Monthly) <i>or</i> <input type="checkbox"/> Email (Daily)		
Email Invoices/Statements to:		



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Facility address: 8217 Baltimore Annapolis Blvd, Pasadena, MD 21122

TERMS and CREDIT AGREEMENT

Our terms are Net 30 from date of invoice.

In the event you are in default and we refer your account to an attorney or collection agency, you agree to pay attorney's fees equal to 30% of the balance due and court or collection fees we incur, if permitted by applicable law.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS ON INVOICES.

YOU AGREE TO PAY A CHARGE OF 1½% PER MONTH EQUIVALENT TO 18% PER ANNUM SERVICE CHARGES ON ALL PAST DUE ACCOUNTS.

The above information is given for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Name - Print	Signature
Title	Date

Name - Print	Signature
Title	Date

Name - Print	Signature
Title	Date

DO NOT WRITE BELOW - FOR OFFICE USE ONLY

Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Limit	Date		Acct.No.
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