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**Corporate Account Application**  
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1. Firm or Business Name: \_\_\_\_\_

2. Doing Business As (DBA): \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. Billing Address: \_\_\_\_\_

5. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. Telephone ( ) \_\_\_\_\_ 7. Fax ( ) \_\_\_\_\_

8. Please list all offices and/or affiliate addresses below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. E-Mail Address: \_\_\_\_\_

10.Accounts Payable Contact Name: \_\_\_\_\_

11. Years in Business \_\_\_\_\_ 12. Federal Tax Number: \_\_\_\_\_

13. Type of Business:     \_\_\_ Sole Proprietorship     \_\_\_ Corporation  
                                  \_\_\_ Partnership             \_\_\_ Subsidiary

14. Type of work: \_\_\_\_\_

15. Proprietor, Partners, Officers, if incorporated:

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ SS# \_\_\_\_\_

16. Year Business Established: \_\_\_\_\_ 17. At Present Location Since? \_\_\_\_\_

18. List employee(s) names and titles that can sign contracts and/or authorize purchase orders/work orders on behalf of your company:

1. \_\_\_\_\_ 2. \_\_\_\_\_

19. Are you accredited by the Better Business Bureau?     \_\_\_ Yes     \_\_\_ No

**Corporate Account Application**

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**REFERENCES: (Please provide three)**

1. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
How Long Have You Been Doing Business With This Company? \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a credit relationship with Hometown Waste & Recycling Services Inc. I hereby agree that Hometown Waste & Recycling Services Inc. may investigate my record and that, if approved, Hometown Waste & Recycling Services Inc. may furnish this authorization to secure the information they need to establish a business relationship.

\_\_\_\_\_

Name

Title

# Credit Card Authorization Form

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**PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.**

**All information will remain confidential.**

**Cardholder Name:** \_\_\_\_\_

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

**Credit Card Type:** \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Card Identification Number (last 3 digits located on the back of the credit card):** \_\_\_\_\_

**I authorize Hometown Waste & Recycling Services Inc to charge the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I hereby authorize Hometown Waste & Recycling Services Inc. to automatically charge my credit card for all invoices completed, at time of invoice.**

**Cardholder – Print Name, Sign and Date Below:**

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**\*\*ALL ( 3 ) ORIGINALS MUST BE MAILED\*\***