

GENERATOR PROFILE FORM

Account Form

GENERATOR/ SITE INFO

* THE PHYSICAL LOCATION WHERE WE WILL PICK-UP YOUR RECYCLING

* YOUR EPA ID IS A 9 DIGIT NUMBER. IF YOU CANNOT FIND YOUR EPA ID WE CAN LOCATE YOUR EPA ID BY SEARCHING THIER DATABASE

POINT OF SERVICE INFORMATION

Name of Generator:		
Pick-up Location:		
Address line 1:		
Address line 2:		
City:	State:	Zip Code:

EPA ID NO.

EPA ID NO:

SHIPPING AND RECEIVING INFORMATION

Shipping & Receiving Hours:	
Days Available:	Loading Dock? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mon-Fri <input type="checkbox"/> Wed	Material Handling Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mon <input type="checkbox"/> Thurs	*Tractor Trailer Access? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Tues <input type="checkbox"/> Fri	

ON SITE POINT OF CONTACT

1st Contact:	Time Available:	Tel 1:	EXT:
Email Address 1:		Cell 1:	
2nd Contact:	Time Available:	Tel 2:	EXT:
Email Address 2:		Cell 2:	
3rd Contact:	Time Available:	Tel 3:	EXT:
Email Address 3:		Cell 3:	

PICK-UP INFO

SCHEDULING AND INSTRUCTIONS

* IF YOU HAVE SPECIAL REQUIREMENTS FOR SHIPPING AND RECEIVING PLEASE OUTLINE THEM BELOW SO OUR DISPATCHERS AND DRIVERS CAN SERVICE YOUR NEEDS.

Recurring Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Annually <input type="checkbox"/> Other	Specify:
Will Call For Pick-Up: <input type="checkbox"/> Yes <input type="checkbox"/> No Require Call Ahead: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Special Instructions for Pick-up:	Directions to Site: (No Expressways)

MAILING INFO

CERTIFICATE OF RECYCLING AND MANIFEST TO BE MAILED TO

* PLEASE OUTLINE WHO SHOULD RECIEVE YOUR CERTIFICATE OF RECYCLING. IF THE PERSON IS DIFFERENT FROM THE CONTACTS LISTED ABOVE PLEASE COMPLETE ALL FIELDS. IF ONE OF THE CONTACTS ABOVE IS THE CORRECT PERSON TO RECEIVE CERTIFICATES, PLEASE REFERENCE THE CONTACT AND CONFIRM TELEPHONE, FAX, AND EMAIL INFORMATION

Company Contact:	Tel 1:	EXT:
Address 1:	PO Box:	Tel 2:
Address 2:	Email:	
City:	State:	Zip Code:
		Fax:

PLEASE FILL OUT BOTH ACCOUNT FORMS

* IF YOU'RE A NEW NLR CUSTOMER AND YOU HAVE NOT FILLED OUT A BUSINESS CREDIT APPLICATION, PLEASE COMPLETE BOTH FORMS TO BEGIN THE APPROVAL PROCESS. ONLY AFTER A GENERATOR PROFILE FORM AND A BUSINESS CREDIT APPLICATION ARE COMPLETED, CAN WE BEGIN TO RECYCLE YOUR UNIVERSAL WASTE.

Company Representative: _____
 Title: _____

Signature: _____
 Date: _____



BUSINESS CREDIT APPLICATION

FORM ID 2018JUN25

Account Form

YOUR BUSINESS INFORMATION

BUSINESS NAME

BUSINESS TYPE (check one)

Legal Name:	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
Trade Name:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Municipality	<input type="checkbox"/> Individual / Sole Proprietorship or Single Member LLC	

BUSINESS ADDRESS

MAILING ADDRESS

Address:			Address:			PO Box / Suite:		
City:	State:	Zip Code:	City:	State:	Zip Code:			
Phone:	Ext:	Fax:	Phone:	Ext:	Fax:			

BUSINESS INFORMATION

Are Purchase Orders Mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dunn & Bradstreet#	Are You Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How Long In Business:	Date Commenced:	Fed ID#	If YES Please Provide Tax Exempt Certificate#	
State of Incorporation:	Est. Annual Sales:	Social Security#	NAICS Code:	SIC Code:

ACCOUNTS PAYABLE CONTACT 1

ACCOUNTS PAYABLE CONTACT 2

Name:	Title:	Name:	Title:
Phone:	Email:	Phone:	Email:
Do You Accept Electronic Invoices? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES Please Provide Email:			

***IF YOU INTEND TO PAY WITH A CREDIT CARD, YOU MAY SKIP THE REFERENCES SECTIONS BELOW AND PROCEED TO PAGE 2: ELECTRONIC PAYMENT AUTHORIZATION**

TRADE & CREDIT REFERENCES

REFERENCES 1

REFERENCES 2

Name:	Account#	Name:	Account#		
Address:		Address:			
City:	State:	Zip Code:	City:	State:	Zip Code:
Phone:	Ext:	Fax:	Phone:	Ext:	Fax:
Email:		Email:			

BANK REFERENCES

Bank Name:
Address:
Checking Account#
Savings Account#
Phone:

Applicant: _____
Title: _____
Signature: _____
Date: _____

TERMS OF CREDIT

Applicant authorizes vendor to obtain necessary credit information at any time from any source and agrees to pay for purchases according to the credit term's on Vendor's invoices or, if none appear, according to terms of NET 30. Applicant agrees to 1-1/2% per month service charge, or the maximum allowed by law, whichever is lower, if not paid by the 30th day of each month following purchase. A returned check fee of \$50 will be charged for any check returned by applicant's bank. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within thirty (30) days of any change in business organization, financial condition or controlling ownership. In consideration of any extension of credit by NLR, Inc. should any indebtedness not be paid in accordance with the terms of credit, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees at both trial & appellate levels. Attorney's fees and costs shall be payable whether suit be brought or not. This agreement is interpreted and governed by the laws of the State of Connecticut. Venue for any proceeding shall take place in Connecticut.



ELECTRONIC PAYMENT

FORM ID 2018JUN25





Authorization Form

I authorize NLR, Inc to make recurring charges to my Credit/Debit Card listed below, and if necessary, to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect until NLR, Inc. has received written notification from me to cancel. **Before processing the authorization, NLR will contact me verbally or in writing to authorize the payment.**

CUSTOMER INFORMATION

Customer / Company Name:	Address:		
Contact Name:	City:	State:	Zip Code:
Email:	Phone:	Ext:	Fax:

CREDIT CARD INFORMATION

Card Type:	<input type="checkbox"/> MasterCard 	<input type="checkbox"/> Visa 	<input type="checkbox"/> Discover 	<input type="checkbox"/> Amex 
Cardholders Name: <i>(as shown on card)</i>	Cardholders ZIP Code: <i>(from credit card billing address)</i>			
Credit Card#	Security Code:	Expiration Date:		
Frequency <i>(check one)</i> : <input type="checkbox"/> Once <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	If Once Please List Invoice(s) #: <i>(list up to 6 invoices)</i>	1	2	3
		4	5	6
Customer's Signature:	Date:			

I _____ authorize NLR, Inc. to process charges against the credit/debit card identified above. The charges will be invoiced based on the frequency checked, however the charge will not be processed until a representative from NLR contacts me via email or phone to authorize the payment. I understand that my information will be saved on file for future transactions on my account.

Signature: _____	Title: _____
Print Name: _____	Date: _____
Company Name: _____	Email receipt to: _____

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