



Professional Contractors in Site Remediation,  
Decontamination and Waste Management

### New Account Credit Application

Customer Name: _____	Contact: _____
Street: _____	Phone #: _____
P.O. Box: _____	Fax: _____
City, State, Zip Code: _____	P.O. Required: Y / N
Federal ID #: _____	Tax Exempt: Y / N (Enclose Certificate)
DUNS #: _____	Individual, Partnership or Corporation: _____
Type of Business: _____	Years in Business: _____
Officers Name: _____	Title: _____
Officers Name: _____	Title: _____

<b>Bank Reference:</b> _____	Checking Account #: _____
Contact: _____	Phone #: _____
City, State, Zip Code: _____	Fax #: _____

<b>Trade Reference #1:</b> _____	Phone #: _____
Contact: _____	Fax #: _____
Address: _____	E-Mail: _____

<b>Trade Reference #2:</b> _____	Phone #: _____
Contact: _____	Fax #: _____
Address: _____	E-Mail: _____

<b>Trade Reference #3:</b> _____	Phone #: _____
Contact: _____	Fax #: _____
Address: _____	E-Mail: _____

I certify that all above information is accurate to the best of my knowledge and is being provided in an effort to induce AWT to extend credit terms for upcoming and/or future work. I understand that AWT is relying on this information for that purpose.

Signature: _____	Title: _____
Printed Name: _____	Date: _____

<b>OFFICE USE ONLY:</b>	Credit Limit: _____	Date: _____	CC: Theresa
Approved: _____	Requested By: _____	Project Value: _____	Set up File
Salesman: _____	Terms: _____	Enter Access: _____	

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