



WYROC
Materials

Office Tel: 760/727-0878
Office Fax: 760/727-9232
Email: quotes@wyroc.com
WEB SITE: wyroc.com
a dba of Regional Materials Recovery, Inc.

Credit Application

Trade Name _____ Phone (____) _____
Principal or Owner's Name _____ S.S.# or TIN _____
Mailing Address: PO Box _____ City _____ State _____ Zip Code _____
Street Address _____
City _____ State _____ Zip Code _____
Email Address: _____ Web Site: _____

Resale Number _____ Send resale card - sales tax will be charged until resale card is in our office.
ALL RESELL PURCHASES ARE SUBJECT CONDITIONS OF RESELL AGREEMENT. AVAILABLE UPON REQUEST AND ALSO THROUGH OUR WEB SITE. (<http://wyroc.com/reseller-agreement-and-conditions-of-sale.html>)

Contractor's License Number _____ License Class _____
Bonding Company _____ Bonding Capacity _____
Address _____

Partnership ___ General ___ Limited ___ Sole Ownership ___ Corporation ___ State of Charter ___ Business Started _____

Bank References: _____ Account Number(s) _____

Trade References:
1. _____ Phone _____ Fax _____
2. _____ Phone _____ Fax _____
3. _____ Phone _____ Fax _____

Do you have a job pending? (Please provide job location and tonnage requirements.)

Amount of credit requested \$ _____
How do you pay your bills? Job Basis _____ Prompt _____ 30 days _____ Other _____

IMPORTANT NOTICE
The above information is submitted for the purpose of obtaining credit. The undersigned authorizes us to make such inquiries as are necessary to obtain credit information and authorizes my bank, suppliers, and credit references to release information regarding my account(s). Applicant agrees to pay all charges according to WYROC and Regional Materials Recovery's payment terms of Net 30. Past due accounts will be charged of 1% per month service charge (APR of 12%). IF CUSTOMER DOES NOT PAY PER TERMS AND HAS RECEIVED DISCOUNTED PRICING, PRICING MAY REVERT TO FULL RETAIL PRICING ON ALL OUTSTANDING INVOICES AND FUTURE INVOICING UNTIL ACCOUNT IS BROUGHT CURRENT.
I agree to pay all legal costs including collection agency fees, costs, legal costs, and reasonable attorney's fees if it becomes necessary to enforce collection or file suit.
I certify that everything stated on this application is true and correct to the best of my knowledge.

By: _____
Signature _____ Print Name _____ Title _____ Date _____