

16980 Wood Rd.
Lansing MI 48906

517-372-2800
1-888-9GRANGER
FAX 517-371-9778

Granger III & Associates

ACCOUNT APPLICATION

APPLICANT INFORMATION

MW PN GLS

CUSTOMER NAME: _____ PHONE: _____

DOING BUSINESS AS: _____ FAX: _____

EMAIL: _____

ACCOUNTS PAYABLE CONTACT: _____

CURRENT ADDRESS:

MAILING ADDRESS IF DIFFERENT:

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip Code _____

Zip Code _____

TYPE OF BUSINESS:

- CORPORATION
- LIMITED LIABILITY CO.
- INDIVIDUAL APPLICATION
- SOLE PROPRIETORSHIP Social Security # _____ or Federal ID# _____

BUSINESS BACKGROUND:

NUMBER OF YEARS IN BUSINESS _____
DO YOU REQUIRE PO NUMBERS? YES NO

CURRENT BANK: _____

ADDRESS: _____ PHONE: _____ BANK CONTACT: _____

PRINCIPAL OWNERS OR OFFICERS:

NAME: _____ TITLE: _____

PRINCIPAL TRADE REFERENCES (Please list 4):

NAME: _____ ADDRESS: _____ PHONE: _____

GRANGER WASTE ACCEPTANCE GUIDELINES: Customer warrants that waste delivered by or collected from customer will not contain any hazardous or prohibited waste as defined by local, state or federal laws or regulations, including but not limited to Lead Acid Batteries, Yard Clippings, Liquids, Drums (unless empty and crushed), any container with a Hazardous Waste Label, Compressed Gas Cylinders, Appliances with Freon, Asbestos, Whole Motor Vehicle Tires, Medical Waste, Fluorescent Tubes, Electronic Waste or PCB Wastes. Please refer to detailed Granger Waste Acceptance Guidelines for additional examples of prohibited wastes.

This signature also authorizes Granger and its employees to make all credit inquiries that it deems reasonable. The information on this form is correct and the applicant understands that Granger is relying on this information when deciding to extend credit.

SIGNATURE: _____