

EASTERN SANITATION LIMITED

**17 Adam Street
Antigonish, NS B2G 2G1**

**Phone: 902-863-1744
Fax: 902-863-2084**

Confidential Credit Application

Company Name: _____
Physical Address: _____
Mailing Address: _____
Phone: _____ Fax: _____
Applicants Bank: _____
Phone: _____ Fax: _____
Contact Person: _____

Trade References;

1. Company Name: _____
Address: _____
Phone: _____ Fax: _____

2. Company Name: _____
Address: _____
Phone: _____ Fax: _____

3. Company Name: _____
Address: _____
Phone: _____ Fax: _____

The undersigned hereby authorizes Eastern Sanitation Limited to obtain the required information from the above references to establish credit.

Authorized Signature

Please Print Name

Title

Date