



CREDIT APPLICATION

The purpose of this application is solely to determine the basis and the extent to which Covanta Secure Services, Inc. can render services on open accounts. The information provided by the customer will be kept completely confidential and shall be used only to determine the customer's ability to make timely payment for the services.

Company Name: _____

Business Name (if different): _____

Requested Credit Limit \$ _____ (3 Month Average)

Address: _____

Contact: _____ Phone: () _____ Fax: () _____

D&B No: _____ TRW Acct: _____

Year Established: _____ Type: Corp Partnership Sole Prop

State/Province of Registration/Incorporation: _____

If not a Corp., Principal Owner: _____

Parent Company (if applicable): _____

Parent Company Address: _____

Affiliated Companies: _____

Does your company use any of the following for purchases:

Visa Acct#: _____ MC Acct# _____

AMEX Acct# _____

Requested By: _____
(Salesperson)



BANK REFERENCES

1. Bank Name: _____ Acct. No: _____
Address: _____
Acct. Officer: _____ Phone: () _____
2. Bank Name: _____ Acct. No.: _____
Address: _____
Acct. Officer: _____ Phone: () _____

BUSINESS/TRADE REFERENCES (Minimum of 3 Required)

1. Name: _____ Contact: _____
Address: _____
Monthly Billing:\$ _____ Phone: () _____
2. Name: _____ Contact: _____
Address: _____
Monthly Billing:\$ _____ Phone: () _____
3. Name: _____ Contact: _____
Address: _____
Monthly Billing:\$ _____ Phone: () _____
4. Name: _____ Contact: _____
Address: _____
Monthly Billing:\$ _____ Phone: () _____



For the most recent accounting period, the customer is also requested to provide the following financial information:

- Balance sheet
- Profit and Loss Statement
- Income Statement
- Net Worth Statement
- Other information which would assist Covanta Secure Services, Inc. in determining credit worthiness and appropriate credit limit

Customer hereby authorizes the banks and other business references listed herein to provide Covanta Secure Services with the information requested in this application.

Company Name: _____

Authorized Signature: _____

Print Name: _____

Title: _____

Date: _____