



**kmG Hauling, Inc.**  
**Headquarters**  
**14 B Bryant Court.**  
**Sterling, Virginia 20166**  
**703-961-1100 (Office)– 703-961-1111 (Fax)**

**kmG Hauling, Inc.**  
**Billing Dept.**  
**P.O. Box 650821**  
**Potomac Falls, Virginia 20165**



## Credit Application

Firm name:			
Parent Company, if subsidiary:			
Type of Business:			Phone:
			Fax:
Address:			
City:		State:	Zip:
Corporation:	Partnership:	Proprietorship:	Years Est:
<b>Owners/Partners/Officers</b>			
Name:		Title:	Phone:
Address:			
Name:		Title:	Phone:
Address:			
Name:		Title:	Phone:
Address:			
Name:		Title:	Phone:
Address:			
<b>Bank References</b>			
Bank Name:			Acct #:
Type of Acct.:	Contact:	Phone:	Fax:
Address:			
<b>Please furnish five (5) trade references &amp; phone numbers</b>			
Name:	Contact:	Phone:	Fax:
Name:	Contact:	Phone:	Fax:
Name:	Contact:	Phone:	Fax:
Name:	Contact:	Phone:	Fax:
Name:	Contact:	Phone:	Fax:
Have you ever filed bankruptcy in the past 5 yrs:			Yes:                      No:
I/we request credit with your Company and agree to payment terms of Net 15-days. In the event that the account is past due for a period or 30 days, I/we agree to pay a service charge of 1-1/2% monthly (18% per annum) on all balances 30-days past due, which would be added to the balance due. In the event that it becomes necessary to place this account in the hands of an attorney for collection, then I/we agree to be liable for said cost, including court costs and attorney's fees.			

Authorized Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to kmG Hauling, Inc., Attn: Sales Dept., P.O. Box 650821, Potomac Falls, VA 20165  
 Or Fax to: 703-961-1111.