



NEW ACCOUNT APPLICATION

If this account is VA Sales Tax exempt, please provide a VA "ST" exemption Certificate

Account Type (Circle one): Corporation LLC Individual Partnership Non-Profit Other _____

Legal Name _____ Tax ID/SSN _____

Company Name _____ DBA Name _____

State Corporation ID# _____ Contractor License # _____ Website _____

	Physical Address	Mailing/Billing Address
Street or PO		
Apartment, Suite or Office #		
City, State, Zip		

	Business Contact	Accounts Payable Contact
Name		
Office Phone		
Cell Phone		
Email Address		

Which services do you expect to use? (circle) Portable Toilets Restroom Trailers Dumpsters Septic Service Grease Traps
How do you plan to pay your account? check _____ credit card _____ other _____
Credit Amount you require: _____ **Send Invoices to:** _____ Mailing Address or Email Address _____

Terms: The information supplied on this application is for the purpose of requesting Tidy Services to grant and extend to me and/or my business credit for the purchase of merchandise and services on open account terms. I personally agree to pay any and all sums that may be payable under this account for merchandise and services sold to me or any person with apparent authority to utilize this account.

The terms of this agreement are net due and owing within 30 days of invoice dates. Interest shall be at the rate of 1.5% per month on all account balances not paid when due. Unauthorized or incorrect charges to this account shall be reported promptly. The undersigned agrees that any charges not disputed as unauthorized or incorrect within 45 days of the charge being posted shall be accepted as a valid charge and paid by the undersigned. The undersigned agrees to the Tidy Services Terms and Conditions as detailed in the Service Agreement.

The undersigned authorizes Tidy Services to secure any information which it needs for the purpose of supporting and verifying the information contained in this application and establishing an open credit account, including, but not limited to, inquiries to the references name herein or any credit reporting agencies.

Venue for any legal action involving this account shall be in either the city of Roanoke VA or the city of Salem VA. Should referral of this account to any attorney become necessary, the undersigned hereby agrees to pay reasonable attorney's fees in the amount of one third (33 1/3 %) of the outstanding balance of this account, plus costs of collection. The undersigned hereby agrees to waive and renounce the benefit of homestead and all other exemption rights as against this indebtedness.

Authorized Signature _____ Title _____

Printed Name _____ Date _____



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CREDIT REFERENCES

Company Name		Contact Name	
Mailing Address		City State Zip	
Office Phone		Fax	
Cell Phone		Email Address	

Products or Services Purchased

Company Name		Contact Name	
Mailing Address		City State Zip	
Office Phone		Fax	
Cell Phone		Email Address	

Products or Services Purchased

Company Name		Contact Name	
Mailing Address		City State Zip	
Office Phone		Fax	
Cell Phone		Email Address	

Products or Services Purchased

Please return this completed application to your Tidy Services contact, by email to "info@tidyinc.com" or by fax,