



445 South Street Morristown, NJ 07960 Tel. 800.950.8749

INSTRUCTIONS: Please fill in all the blanks and answer all questions. Print or type all information. Failure to complete all items may result in the application being delayed. Please be assured that all information will be held in the strictest confidence.

CREDIT APPLICATION

Company Name: _____

Check appropriate box: Sole Proprietor: Partnership: Corp: Other: _____

Federal Tax ID #: _____ Duns: _____ LOC Requested: _____

Subsidiary of: _____ Division: _____

Physical Address (No PO Box): _____ City: _____

State: _____ Zip: _____ Phone #: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____

Sales Representative you are working with?

Name _____ Email: _____

ACCOUNTS PAYABLE CONTACT INFORMATION

AP Contact 1 Name: _____ AP Email 1: _____

Phone: _____ Email for invoice submission: _____

AP Contact 2 Name: _____ AP Email 2: _____

Phone: _____ Email for invoice submission: _____

Special Billing Portal Required Y/N?

Yes No

If yes: _____

Purchase Order Required Y/N?

Yes No

If yes: _____ Expiration Date: _____

Please attach requirements

PO Cadence Required:

Blanket Monthly Other _____



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ACCOUNTS PAYABLE CUSTOMER

Vendor of Reworld: Yes No Which former Co? Circon Global Cycle Other: _____

Reworld Payment Term is Net 30 days.

Preferred Payment Methods: Check, ACH, and Wire, (Credit Card may be accepted with a 3% Surcharge Fee).

BUSINESS/TRADE REFERENCES

Name 1: _____ Contact: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Name 2: _____ Contact: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

I hereby authorize our banks, trader, and personal credit bureaus to release credit information to Reworld and/or its assignees.

Signature: _____ Title: _____

Print Name: _____ Date: _____

CREDIT CHECK AUTHORIZATION

The Applicant has made an application for Credit for an open account credit term. In accordance with their standard procedure, Reworld will be conducting an investigation based on the information we have provided on this Credit Application. The undersigned authorizes Reworld to make inquiries with any credit reporting agency, bank, or trade reference in connection with the extension of credit requested by the applicant. All information provided to Reworld will be treated in strict confidence. Reworld sources and the results of their investigation will not be shared with the Applicant. Therefore, no responsibility or liability is attached to the bank or to trade references reporting or providing information to Reworld. Reworld Payment term is Net 30 days All invoices are to be paid 30 days from the date of the invoice. Any claims or dispute arising from the invoices must be made within seven working days from the invoice date. The Applicant agrees to pay interest on any amount past due at the rate of 1.5% per month, minimum charge of \$25 per month. Waiver of one or more service charges shall not be deemed to be a waiver of all future service charges. The applicant agrees to pay any and all costs incurred if it should default on payment and Reworld would refer this matter to its attorney/collection agency to collect any unpaid balance. A fee of \$35 will be charged on all returned checks. It is understood that credit privileges can be revoked or changed at any time without prior notice. The Applicant agrees to notify Reworld immediately of any change in the information provided in this application. The undersigned warrants that he/she has the authority to bind the Applicant to the terms of this agreement, that he/she has read the agreement carefully and understands its implications. Reworld reserves the right to elect to amend customer terms from credit terms to cash terms in the event of a Section 409 Disclosure. Reworld may request the customer to provide the following financial information for the most recent accounting period:
Balance Sheet, Profit & Loss Statement, Income Statement, Net Worth Statement, or other information which would assist Reworld in determining credit worthiness.
Customer, named below, hereby authorizes the banks and other business/trade references listed herein to provide Covanta with the information requested in this application.

Company Name: _____

Authorized Signature: _____

Print Name: _____ Title: _____ Date: _____



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INTERNAL USE ONLY

Sales Representative: _____ Account Mgr/Cust Service Rep: _____

Credit Approved by: _____ Credit Limit Amount: _____

Credit Denied by: _____ Reason: _____

Credit Manager Signature: _____ Date: _____