

**CREDIT APPLICATION**

The purpose of this application is solely to determine the basis and the extent to which Covanta Energy LLC can render services on open accounts. Please contact us at [creditapplication@covanta.com](mailto:creditapplication@covanta.com) with any questions.

Company Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Requested Credit Lim. \$ \_\_\_\_\_  
*(if different)* *(3 month average)*

Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_

D&B No: \_\_\_\_\_ TRW Account: \_\_\_\_\_

Year Established: \_\_\_\_\_ Type:  Corp.  Partnership  Sole Prop

State/Province of Registration/Incorporation: \_\_\_\_\_

If not a Corporation, Principal Owner: \_\_\_\_\_

Parent Company \_\_\_\_\_  
*(if applicable)*

Parent Company Address: \_\_\_\_\_

Affiliated Companies: \_\_\_\_\_

Does your company use any of the following for purchases?

VISA Acct# \_\_\_\_\_

M/C Acct# \_\_\_\_\_

AMEX Acct# \_\_\_\_\_

Requested By: \_\_\_\_\_

Covanta Representative \_\_\_\_\_ Region \_\_\_\_\_

## DISCLOSURE AUTHORIZATION RELEASE

The Applicant has made an application for Credit for an open account credit terms. In accordance with their standard procedure, Covanta will be conducting an investigation based on the information we have provided on this Credit Application. The undersigned authorizes Covanta 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 Covanta will be treated in strict confidence. Covanta 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 Covanta.

### Credit Agreement

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. Applicant agrees to pay any and all costs incurred if it should default on payment and Covanta 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 Covanta 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. Covanta reserves the right to elect to amend customer terms from credit terms to cash terms in the event of a Section 409 Disclosure.

The customer is also requested to provide the following financial information for the most recent accounting period:

- Balance sheet
- Profit and Loss Statement
- Income Statement
- Net Worth Statement
- Other information which would assist Covanta Energy Corporation in determining credit worthiness and appropriate credit limit

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: \_\_\_\_\_

**BANK REFERENCES**  
(please include fax numbers)

**Bank Name 1:** \_\_\_\_\_ **Account No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Bank Name 2:** \_\_\_\_\_ **Account No:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Fax #:** \_\_\_\_\_

**BUSINESS/TRADE REFERENCES**  
(minimum of 3 required and please include fax numbers)

**Vendor Name 1:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Vendor Name 2:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Vendor Name 3:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Vendor Name 4:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Vendor Name 5:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

\_\_\_\_\_ **Fax #:** \_\_\_\_\_