

APPLICATION PACKET CHECK LIST

Below are the items we need from your company in order to open up an account with
Lakeland Processing Company

CREDIT APPLICATION: Please fill out and return to: Lakeland Processing Company
12345 Lakeland Road
Santa Fe Springs, CA 90670

EFT: This is the form for authorizing Electronic Funds Transfers for payments of your bills.

CERTIFICATE OF INSURANCE: Please fill out the Top Part of the enclosed form, "REQUEST FOR CERTIFICATE OF INSURANCE" and send it to your insurance agent.

Please return these completed forms to us as quickly as possible. If you have any questions or we can be of further assistance please contact your sales representative or Faust Miraglia.

PLEASE RETURN ALL FORMS TO: Lakeland Processing Company
12345 Lakeland Road
Santa Fe Springs, CA 90670
Tel: (562) 944-6111
Fax: (562) 944-8522

APPLICATION FOR CREDIT

Customer Name (Exact) _____ Date _____
Address _____
City _____ State _____ Zip _____
Tel. # _____ Fax # _____ E-mail _____
Principals (If applicable) _____

Entity: Ownership Business type
A () Individual B () Commercial () Other (Specify)
() Partnership () Wholesale _____
() Corporation () Retailer _____
() LLC

Dun & Bradstreet Number _____ Federal ID# _____

BANK REFERENCE FOR OUR USE

Bank Name _____ Your Account # _____
Address _____
City _____ State _____ Zip _____
Line of credit \$ _____ Value & Nature of assets pledged \$ _____
Contact _____ Telephone # _____

TRADE REFERENCES FOR OUR USE

VENDORS/SUPPLIERS:

1. Name _____ Contact Person _____
Address _____ Your Account # _____
City _____ State _____ Zip _____ Telephone # _____
2. Name _____ Contact Person _____
Address _____ Your Account # _____
City _____ State _____ Zip _____ Telephone # _____

OTHER TRADE:

3. Name _____ Contact Person _____
Address _____ Your Account # _____
City _____ State _____ Zip _____ Telephone # _____

Requested Line of Credit _____

TERMS OF PAYMENT

Credit terms approved and agreed upon in writing with seller's marketing department apply, subject to credit limits assigned. To the extent that purchases remain unpaid beyond agreed terms, seller will assess late payment charges or interest, whichever is applicable, at the maximum rate allowable under state law. Buyer agrees to reimburse seller for all collection expenses, including reasonable attorneys fees, incurred in connection with the collection of delinquent amounts.

To the best of my ability, the information provided is correct.

I give authorization to release all bank/credit information to Lakeland Processing Company for the purpose of extending credit to purchase waste treatment services.

Credit Applicant
(Corporate or Company Name)

Lakeland Processing Company Sales Rep/ Manager

Authorized signature - Title

ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

Company Name (Legal Name) (Name on Bank Account if Different from above)

Customer Address City State Zip Code

Customer Accounting/Payable Contact Person Telephone # Fax #

Customer hereby authorizes Lakeland Processing Company to debit and credit, by means of Electronic Funds Transfers, Customer's account described below, and further authorizes the financial institution described below to debit or credit such entries to the Customer's account.

Bank Name Bank Account Number

Address Bank Routing (ABA) Number

State Zip Bank Contact Telephone #

This authority shall remain in effect until terminated upon fifteen (15) days written notice to the financial institution by either Lakeland Processing Company. Notice of termination shall in no way affect entries initiated prior to actual receipt of notice.

All credit terms and other terms and conditions of trade otherwise established between Customer and Lakeland Processing Company remain in effect and are not in any way modified by this Agreement.

Authorized this _____ day of _____, 2003.

Authorized Signature Title

Printed Name

Send This Form to Your Insurance Agent

REQUEST
For Certificate of Insurance

=====

Instructions to Lakeland Processing Company Customer:

Please fill out the following information and then send this form to your Insurance Agent so they can issue a certificate of insurance to Lakeland Processing Company. We require a certificate from all customers regardless of who will haul the product. To speed up replies, send this form via fax machine to your agent:

Company Name _____

City / State _____

Contact Person _____

Phone #: _____

(NOTE: Send this form to your Insurance Agent)

=====

INSTRUCTIONS TO YOUR INSURANCE AGENT

Re: Commercial General Liability and Workman's Compensation Insurance

Please issue a Certificate of Insurance for the above insured client.

The Certificate holder should be as follows: **Lakeland Processing Company**
12345 Lakeland Road
Santa Fe Springs, CA 90670

Please send a copy via fax machine to Lakeland Processing Company -
Fax # (562) 944-8522

A hard copy can be sent in the mail to the above listed address.

If you have any questions please call Lakeland Processing Company (562) 944-6111