

We're looking for a few, **REALLY STRONG**, haulers.

Do you manage a strong solid waste hauling company, and want to service national franchise companies in your area? You must be the toughest, most dedicated hauler in your service area. Please fill out the form below to be included in the bidding process.

**Vendor/Hauler Name:** (payment will be issued to name exactly as listed below)

Date: \_\_\_\_\_

\_\_\_\_\_

Purchasing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Bidding Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Remit Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address: \_\_\_\_\_

CFO: \_\_\_\_\_ Phone: \_\_\_\_\_

Credit Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Service Area (by county): \_\_\_\_\_

Service Type: \_\_\_\_\_ Private or Public (circle one)

Operation Hours: \_\_\_\_\_ Container Sizes Available: \_\_\_\_\_

Number of Trucks: \_\_\_\_\_ DOT #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Services you Provide:  Front Load  Rear Load  Roll Off  Roll Off Compactors  Vertical Compactors  Other \_\_\_\_\_

Is your business one of the following (if yes, please include certification):

Minority Owned (all minorities except handicapped veterans)  Handicapped Veteran  Woman Owned

Are you registered as a small business? \_\_\_\_\_ Registration Number: \_\_\_\_\_

Organization type (check one of the following)  Corporation  Partnership  Individual  LLC

Federal Tax ID#: \_\_\_\_\_ or Social Security #: \_\_\_\_\_

**Please note that WTG's standard payment terms are Net 45. Preferred payment method is Epay Card.**

**If interested in receiving payment electronically, please email us at [accounts.payable@william-thomasgroup.com](mailto:accounts.payable@william-thomasgroup.com).**

Vendor Special Instructions: \_\_\_\_\_

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This portion to be completed by WTG agent and faxed to Accounts Payable (513) 741-2635 or email [angela.wells@rumpke.com](mailto:angela.wells@rumpke.com).**

Name: \_\_\_\_\_ WTG Customer(s): \_\_\_\_\_

Comments: \_\_\_\_\_