

Environexus.net Membership Application *provided by Capitol Environmental Services, Inc.*

Please complete this form and return to Environexus (see bottom of page for contact info)

Required fields are marked with an asterisk*

Company Information

Company Name*: _____

Primary Business/Description*: _____

SIC Code: _____ **Federal Tax ID:** _____

DNB#: _____ **Primary EPA ID:** _____

Company Type*: _____ (corporation, government, etc.)

Number of Employees: _____

Number of Facilities or Locations: _____

Projected or Actual Annual Disposal Costs: _____

Projected or Actual Shipments/Year: _____

Wastes/Materials Handled: _____

Main Office or Location

Street Address*: _____

City/State/Zip*: _____

Main/Primary Contact

Title: _____

First Name*: _____

Last Name*: _____

Username: _____

Password: _____

Phone*: () _____

Fax: () _____

Email*: _____

Membership Desired* (Generator, Vendor, Transporter, Contractor)

Additional Notes/Comments:
