



ON SLOW COUNTY LANDFILL CREDIT APPLICATION

Company Name: _____

Phone: _____ Fax: _____ Contact Name: _____

Street Address _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Corporation Partnership Sole Proprietor Other _____

Division/Subsidiary (Name & location of parent): _____

Type of Business: _____ Tax ID/SSN: _____*

Date Business Commenced: _____ Requested Credit Limit: _____

Estimated Monthly Charges: _____ Preferred Method of Invoicing: Email Fax Mail

Accounts Payable Contact: _____

Phone: _____ Fax: _____ Email: _____

Where will debris be originating from? _____

Account Type: _____ Short Term _____ Long Term/Revolving

Bank and Trade References

Bank Name: _____ Email: _____ Fax: _____

Account Type: _____ Account Number: _____

Trade Ref Name: _____

Address (Mailing): _____ Email: _____

_____ Fax: _____

Trade Ref Name: _____

Address (Mailing): _____ Email: _____

Fax: _____

*** The Social Security Number of the License Holder and/or Business Owner, or the Corporate EIN if applicable, will be used, in accordance with North Carolina General Statutes §132-1.10 and §105A-3, the Debt Setoff Clearinghouse Program, for the purpose of garnishment should any debt owed to Onslow County become delinquent.**

AGREEMENT

1. PAYMENT TERMS: Your account is due in full monthly, with "Total Balance Due" on the 15th of each month.
2. RETURNED CHECKS: I agree to pay Onslow County a returned check fee of \$25.00 should I have a check returned. Further, I agree to pay the amount of the returned check in cash or money order. No check will be accepted as payment for a returned check.
3. By submitting this application, you authorize Onslow County Landfill to make inquiries into the banking and trade references you have supplied.
4. Onslow County reserves the right to refuse to extend credit as well as reduce, limit or terminate any credit previously extended at any time.
5. Signature of this credit application is an agreement to the beforementioned terms as well as the Billing Rights found at <https://www.onslowcountync.gov/1099/Credit-Application-for-Businesses>

We accept Onslow County Landfill's terms and conditions above:

Printed Name: _____ Position: _____

Signature: _____ Date: _____

OFFICE USE

Application received by Landfill on: _____ Credit reference letters sent on: _____ Re-sent on: _____

Approved Disapproved By: _____ Date: _____ Credit Limit: _____

If disapproved, Reason: _____

If disapproved, notified applicant in writing on: _____ (Letter Attached)

Account Number Assigned _____ System Entry Clerk: _____