

CREDIT APPLICATION

NEW RIVER SOLID WASTE ASSOCIATION
P.O. BOX 647, RAIFORD, FL 32083

PHONE: (386) 431-1000
FAX: (386) 431-1099

DATE:	CUSTOMER – COMPANY NAME:	
CUSTOMER – COMPANY ADDRESS:		
BUSINESS PHONE (INCLUDE AREA CODE):	BILLING ADDRESS (IF DIFFERENT FROM ABOVE):	
LIST ALL COMPANY PRINCIPALS, OFFICERS (INCLUDE ADDRESSES & PHONE #'S):		
1.		
Name & Title	Address	Area Code & Phone Number
2.		
Name & Title	Address	Area Code & Phone Number
3.		
Name & Title	Address	Area Code & Phone Number
4.		
Name & Title	Address	Area Code & Phone Number
Contact Person (A person we can contact concerning the account):		
Name & Title	Area Code & Phone Number	
If you are Tax Exempt, Tax Identification Number:		
Describe what type of debris you will be disposing of:		
Give location of where waste is generated (from what County/Counties):		

Bank References:		
Bank Name :	Bank Address:	
Bank Account Number:	Bank Telephone Number:	

Trade References:		
1.		
Name	Address	
Account Number :	Telephone Number:	
2.		
Name	Address	
Account Number:	Telephone Number:	

3.	
Name	Address
Account Number:	Telephone Number:

<p>BE ADVISED THAT ALL ACCOUNTS ARE DUE 30 DAYS FROM DATE OF BILLING. ALL OVERDUE ACCOUNTS ARE SUBJECT TO A 1 ½ % SERVICE CHARGE PER MONTH (WHICH IS AN ANNUAL RATE OF 18%).</p> <p>I/WE HEREBY AUTHORIZE THE REFERENCES I/WE HAVE STATED ABOVE TO RELEASE INFORMATION ON OUR ACCOUNT TO NEW RIVER SOLID WASTE ASSOCIATION FOR THE PURPOSE OF ESTABLISHING CREDIT. I/WE UNDERSTAND THAT ANY ACCOUNT PAST DUE 60 DAYS WILL BE PLACED ON C.O.D. BASIS.</p> <p>FURTHER, I/WE AGREE TO BE RESPONSIBLE FOR ANY LEGAL FEES AND COSTS INCURRED BY NEW RIVER SOLID WASTE ASSOCIATION TO COLLECT FOR A PAST DUE ACCOUNT. I/WE ACKNOWLEDGE THAT ANY LITIGATION THAT MAY ARISE TO COLLECT ON A PAST DUE ACCOUNT WILL BE IN UNION COUNTY.</p>	
X	
Signature	Title
Date	

Please mail or fax your application to: New River Solid Waste Association Phone: (386) 431-1000 P.O. Box 647, Raiford, Florida 32083 Fax: (386) 431-1099	
*****PLEASE DO NOT MARK BELOW THIS LINE*****	
Application Researched by (Name & Title):	Date:
Bank Reference: (Comments)	
Trade References (Comments):	
1.	
2.	
3.	
Application Approved: Yes <input type="checkbox"/> No <input type="checkbox"/> If no see below:	
Date Approved:	Approved by (Name & Title):
Restrictions (If Any):	
Application denied/comments & reason for denial:	

Amount of Deposit:	Account Number
\$	#
Executive Director's Signature:	Date Signed: