

**CATAWBA COUNTY LANDFILL CREDIT APPLICATION**

Mailing Address: P.O. Box 389  
Newton, NC 28658

Physical Address: SR 2019 (Rocky Ford Road)

Phone: (704) 462-1348

Fax Application To: Beverly Hester at: (704) 462-4366

Business Name \_\_\_\_\_

Address (Mailing) \_\_\_\_\_

\_\_\_\_\_ City State Zip

Physical Address \_\_\_\_\_

(If Different) \_\_\_\_\_

\_\_\_\_\_ City State Zip

Contact Person \_\_\_\_\_

Owner's Name \_\_\_\_\_

Social Security\* \_\_\_\_\_

EIN\* \_\_\_\_\_

\*Owner's Social Security Number or a copy of Corporation EIN Number will be used, in accordance with North Carolina General Statutes §132-1.10, for the sole purpose of garnishment should an account become delinquent. **NOTE:** You have the right to not give your Social Security number, but an account may not be established without the information.

Phone Number ( ) \_\_\_\_\_ Mobile Number ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Type of Business \_\_\_\_\_

Is waste generated by Applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

**If a waste disposal company (supplies rental waste containers), the following information along with permits, licenses, and/or other forms are required. Please call the County's Landfill at 704.462.1348, prior to completing this form for Catawba County's requirements.**

Project Location  
(Physical Address) \_\_\_\_\_

Estimated Quantity of  
Waste Project \_\_\_\_\_

Application Completed By \_\_\_\_\_

Position \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

**To complete application a bank reference and three (3) credit references are required.**

**BANK REFERENCE INFORMATION**

Name \_\_\_\_\_  
Address (Mailing) \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

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**OFFICE USE**

NOTE: \_\_\_\_\_  
\_\_\_\_\_

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**CREDIT REFERENCE INFORMATION**

1. Name \_\_\_\_\_  
Address (Mailing) \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

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**OFFICE USE**

NOTE: \_\_\_\_\_  
\_\_\_\_\_

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2. Name \_\_\_\_\_  
Address (Mailing) \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

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**OFFICE USE**

NOTE: \_\_\_\_\_  
\_\_\_\_\_

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3. Name \_\_\_\_\_  
Address (Mailing) \_\_\_\_\_  
\_\_\_\_\_

Contact Person \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

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**OFFICE USE**

NOTE: \_\_\_\_\_  
\_\_\_\_\_

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Account Number Assigned \_\_\_\_\_  
Assigned By \_\_\_\_\_  
Utilities and Engineering Department Head Signature \_\_\_\_\_  
Date \_\_\_\_\_