

CATAWBA COUNTY UTILITIES AND ENGINEERING
Septage Management Firm Credit Application

P.O. Box 389
Newton, North Carolina 28658
Office: (828) 465-8261 Fax: (828) 464-5216

Owner's Name _____ NCDL# _____

Mailing Address _____

City State Zip

Business Name _____

City State Zip

Phone Number () _____ Mobile Number () _____

Fax Number () _____

State Permit NCS No. _____

County Permit No. _____

*Employer ID # _____

*Social Security # _____

*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.

Name and phone number of individuals authorized to operate trucks:

Name _____ Phone _____
Print Name

Print Name Phone _____

Print Name Phone _____

Print Name Phone _____

- ♦ All Septage must be disposed of in Catawba County at either the Regional Sludge Management Facility or at one of the designated manhole dumping stations of the City of Hickory or City of Newton. **No other discharge points are approved.**
- ♦ A Pumpers Certification Form must be left with the plant operator at the time of disposal. Violations may result in the loss of Permit to Operate.
- ♦ A Septage Management Firm's Catawba County Permit will be revoked and may be reported

to the State in the event an account becomes delinquent.

I certify that the information provided above is true, complete, and correct to the best of my knowledge and belief.

Owner/Manager

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 _____

OFFICE USE

NOTE: _____

CREDIT REFERENCE INFORMATION

1. Name _____
Address (Mailing) _____

Contact Person _____
Phone Number _____
Fax Number _____

OFFICE USE

NOTE: _____

2. Name _____
Address (Mailing) _____

Contact Person _____
Phone Number _____
Fax Number _____

OFFICE USE

NOTE: _____

3. Name _____
Address (Mailing) _____

Contact Person _____
Phone Number _____
Fax Number _____

OFFICE USE

NOTE: _____

Account Number Assigned _____
Assigned By _____
Utilities and Engineering Department Head Signature _____
Date _____