

CATAWBA COUNTY UTILITIES AND ENGINEERING

Septage Management Firm Credit Application

P.O. Box 389 Newton, North Carolina 28658

Office: (828) 465-7932 Fax: (828) 465-8962

Owner's Name _____ NCDL# _____

Mailing Address _____

Physical Address (Required) _____

Business Name _____

Business Address _____

Phone Number () _____ Mobile () _____ Fax () _____

State Permit NCS No. _____ County Permit No. _____

*Social Security _____

*Employer Identification Number (EIN) _____

*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 a debt become delinquent. The disclosure of the Social Security Number or Employer Identification Number is voluntary.

Name and phone number of individuals authorized to operate trucks:

Name _____ Phone _____
Print Name

_____ Phone _____
Print Name

_____ Phone _____
Print Name

- ♦ 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

A bank reference and two (2) credit references are required or application will not be accepted.

Fax numbers are also required.

BANK REFERENCE INFORMATION

Name _____
Address (Mailing) _____

Contact Person _____
Phone Number () _____ Fax Number () _____
REQUIRED

.....
OFFICE USE

NOTES: _____

CREDIT REFERENCE INFORMATION

(Banks cannot be used as credit references)

Name _____
Address (Mailing) _____

Contact Person _____
Phone Number () _____ Fax Number () _____
REQUIRED

.....
OFFICE USE

NOTES: _____

CREDIT REFERENCE INFORMATION

Name _____
Address (Mailing) _____

Contact Person _____
Phone Number () _____ Fax Number () _____
REQUIRED

.....
OFFICE USE
.....

NOTES: _____

Application Received By: _____ Date: _____

Credit reference letter sent on: _____ Re-sent on: _____

Approved or Disapproved: _____ By: _____ Date: _____

If disapproved, Reason: _____

If disapproved, notified applicant in writing on: _____

Attached copy of letter

Account Number Assigned _____ By _____