

**CATAWBA COUNTY LANDFILL CREDIT APPLICATION**

Mailing Address: PO Box 389, Newton, NC 28658 Physical Address: 4017 Rocky Ford Rd (SR 2019)

Phone: (704)462-1348

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

(Check one) New Account \_\_\_\_\_ Account Update \_\_\_\_\_

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

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

City State Zip

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

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

City State Zip

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

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

Principal Name, if Business \_\_\_\_\_

\*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 any debt owed to Catawba County become delinquent. The disclosure of the Social Security Number is voluntary.

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

Email address: \_\_\_\_\_

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 to obtain Catawba County's requirements.**

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

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

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

Position \_\_\_\_\_

Signature \_\_\_\_\_ 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\*\***

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**OFFICE USE**

NOTES: \_\_\_\_\_  
\_\_\_\_\_

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**CREDIT REFERENCE INFORMATION**  
(Banks cannot be used as credit references)

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

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**OFFICE USE**

NOTES: \_\_\_\_\_  
\_\_\_\_\_

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**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 \_\_\_\_\_