

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 or

Email To: Landfill@catawbacountync.gov

(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 Business Owner, and Principal and a copy of Corporation EIN Number must be provided and 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 provide your Social Security number, but an account may not be established without the information.

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

Email address: _____

Type of Business _____

Is waste generated by Applicant? Yes _____ No _____

Transaction Ticketing Preference (Check one) _____ Given to Driver _____ Electronic

Email address for Electronic Transaction Ticketing: _____

Invoicing Preference (Check one) _____ Mailed _____ Electronic

Email address for Electronic Invoicing: _____

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.

Application Completed By _____

Position _____

Signature _____ Date _____

REFERENCE INFORMATION

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

BANK REFERENCE

Name _____

Address (Mailing) _____

Contact Person _____

Phone Number () _____ Fax Number () _____

****Required****

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OFFICE USE

NOTES: _____

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: _____

CREDIT REFERENCE INFORMATION

Name _____

Address (Mailing) _____

Contact Person _____

Phone Number () _____ Fax Number () _____
****REQUIRED****

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OFFICE USE

NOTES: _____

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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 _____