OKANOGAN COUNTY CENTRAL LANDFILL & TRANSFER STATIONS
CREDIT APPLICATION

For Branch Office Use Only

Account #:_____ Credit Amount: $_____ Setup Date: _____

MONTHLY CREDIT DESIRED: $_____ Email Statements (circle one) YES NO

COMPANY INFORMATION

CORPORATION: _____ PARTNERSHIP: _____ SOLE PROPRIETORSHIP: _____ LLC: _____

COMPANY NAME: _____ COMPANY ESTABLISHED DATE: _____

COMPANY ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PRIMARY CONTACT NAME: _____ 2ND CONTACT NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____ FAX: _____

FEDERAL TAX ID # OR SOCIAL SECURITY #: _____ UBI#: _____

IF A CORPORATION, LIST NAMES OF OFFICES AND TITLES. IF ONLY ENTITY, LIST NAMES OF PARTNERS AND OWNERS

OFFICER/PARTNER/OWNER: _____ TITLE: _____

OFFICER/PARNTER/OWNER: _____ TITLE: _____

OFFICER/PARTNER/OWNER: _____ TITLE: _____

TRADE CREDIT REFERENCES – Minimum two references

WE/I HAVE ESTABLISHED A CREDIT ACCOUNT AT THE FOLLOWING TRADE LOCATIONS:

FIRM NAME	ADDRESS	CITY/STATE	CREDIT LIMIT	PHONE	EMAIL
FIRM NAME	ADDRESS	CITY/STATE	CREDIT LIMIT	PHONE	EMAIL
FIRM NAME	ADDRESS	CITY/STATE	CREDIT LIMIT	PHONE	EMAIL

AUTHORIZED EMPLOYEES TO CHARGE ACCOUNT

NAME OF EMPLOYEE	VEHICLE DESCRIPTION
_____	_____
_____	_____
_____	_____
_____	_____

AUTHORIZATION TO RELEASE INFORMATION

I HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT

FIRM NAME: _____ADDRESS: _____ CITY/STATE: _____ ZIP: _____

AUTHORIZED BY: _____

TERMS AND CONDITIONS: ON ALL APPROVED CREDIT SALES, PAYMENT IS DUE ON THE 15TH OF THE MONTH FOLLOWING THE INVOICE DATE. DELINQUENT ACCOUNTS WILL BE CHARGED 18% ANNUAL INTEREST. FAILURE TO COMPLY WITH THESE TERMS COULD RESULT IN THE TERMINATION OF CHARGING PRIVILEGES.

1234-A SECOND AVE SOUTH
PHONE: (509) 422-2602 **OKANOGAN, WA 98840-9723** **FAX: (509) 422-5302**