

YADKIN COUNTY LANDFILL APPLICATION FOR CREDIT

Name of Company/Individual: _____ Company Owner: _____
Mailing/Billing Address: _____
City: _____ State: _____ Zip Code: _____
Physical Address (If Different): _____
City: _____ State: _____ Zip Code: _____
Billing Contact Person: _____ Title: _____
Billing Contact Telephone Number: _____ Fax Number: _____
Type of Business: ___ Corporation ___ Partnership ___ Sole Proprietor ___ Other
Federal Tax ID Number/EIN: _____ SSN: _____

LIST 3 BUSINESS CREDIT REFERENCES AND 1 BANK REFERENCE-MUST BE FULLY COMPLETED

1. Business Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
2. Business Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
3. Business Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
4. Bank Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____

We/I Hereby Authorize Yadkin County to Verify the Information Listed Above

Date: _____ Signature: _____ Title: _____

OFFICE USE ONLY

NOTES:

Application Received By: _____ Date: _____
Approved or Disapproved: _____ By: _____ Date: _____
If disapproved. Notified applicant in writing on: _____ (Attach copy of letter)

[Type text]