

YADKIN COUNTY SOLID WASTE DEPARTMENT  
Post Office Box 1298 \* 1149 Landfill Road \* Yadkinville, N.C. 27055 \* Fax (336) 961-2605

## 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: \_\_\_\_\_

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### OFFICE USE ONLY

NOTES:

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

[Type text]