

ADMINISTRATIVE CONTROL BOARD  
 WASHINGTON COUNTY SOLID WASTE  
 SPECIAL SERVICE DISTRICT #1  
 325 N LANDFILL ROAD  
 WASHINGTON, UT 84780  
 435-673-2813 FAX 435-673-8332  
 wcs03@gmail.com

**CREDIT APPLICATION**

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Contractors Lic. # \_\_\_\_\_ State \_\_\_\_\_ Ownership \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
 Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

Description of Business \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If P.O. Box Need Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at present location \_\_\_\_\_ Year business established \_\_\_\_\_

Are you bonded \_\_\_\_\_ If so, with who \_\_\_\_\_ Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Bond Number \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_

Names of Owners, Partners or Corporate Officers:

(print) Name	Home Address	Home Phone	Email Address
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1. \_\_\_\_\_
2. \_\_\_\_\_

Has the firm or any of its principals ever been bankrupt? Yes \_\_\_ No \_\_\_  
 If yes, explain:

\_\_\_\_\_

References: Give only names of those you buy from on Open Account

Name _____	Phone ( ) _____	Email Address _____
Name _____	Phone ( ) _____	Email Address _____
Name _____	Phone ( ) _____	Email Address _____

Billing: Are Purchase Orders Required \_\_\_\_\_

Names of Authorized Personnel who can charge on account:

\_\_\_\_\_

Credit terms: Net 20

All credit applications are accepted on the basis of applicant complying with our credit terms of sale which are payment of current charges upon receipt of monthly statement as stated.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature/Title

For Office Use Only

New or Renewal License: _____	District's Signature _____
Date Application Reviewed _____	Expiration Date _____
Application: Granted _____ Denied _____	