Solid Waste Disposal & Recovery
P.O. Box 120, 289 Public Works Road
York, SC 29745
Tel: (803) 628-3186 Fax: (803) 628-3183

APPLICATION FOR CREDIT

1. Company Information:

Company Name:		
Billing Address:		
City	State	Zip
Federal Tax ID #:	Year Business Established:	
Accounts Payable Contact:	Telephone #:	
Fax:	Email:	

2. Owner/Officer Information:

Full Name:	Title:
Social Security #	Telephone #:
Email:	

3. Trade Credit References (Must Provide Three):

1. Company Name:	Contact:	
Address:		
City:	State:	Zip
Telephone #	Fax #:	Email:
1. Company Name:	Contact:	
Address:		
City:	State:	Zip
Telephone #	Fax #:	Email:
1. Company Name:	Contact:	
Address:		
City:	State:	Zip
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CREDIT TERMS AND AGREEMENT

I (we) hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with York County Solid Waste Disposal & Recovery's terms. The information provided is warranted true and complete. I (we) hereby authorize you to verify and collect information on us. I (we) also certify that the business will transport solid waste generated in York County only and NO Hazardous Waste will be transported to the York County Solid Waste Disposal Facility in our vehicles.

I (we) understand a landfill ticket will be issued at the time of service. Invoices will be mailed during the first week of each month, listing the previous month's landfill transactions. All accounts are due upon receipt and considered delinquent if not paid by the 25th of the month.

I (we) agree that if an account has a past due balance in excess of ninety (90) days, disposal privileges will be suspended until the balance due over thirty (30) days is paid in full. This balance must be paid within thirty (30) days of the invoice. In the event this account is not paid as agreed, the account will be permanently suspended and I (we) will be notified by mail.

I (we) agree that if an account becomes permanently suspended, the company/owner may pay cash for each load ONLY after the entire account balance is paid in full.

I fully agree to the above terms and conditions which I have read and understand.

Authorized Signature: _____ Date:_____

Print Name/Title: _____