

CALHOUN COUNTY, ALABAMA LANDFILL CUSTOMER APPLICATION

Business Contact Information				
Company name:				
Phone:		Fax:		E-mail:
Primary company address:				
City:		State:		ZIP Code:
Sole proprietorship:	Partnership:	Corporation:		LLC
SOCIAL SECURITY NUMBER:		EMPLOYER ID #		

Bank Information			
Bank name:			
Bank address:			Phone:
City:		State:	ZIP Code:
Type of account:		Account number:	

Business/Trade References			
Company name:			
Address:			
City:		State:	ZIP Code:
Telephone:	Fax:		E-mail:
Company name:			
Address:			
City:		State:	ZIP Code:
Telephone:	Fax:		E-mail:
Company name:			
Address:			
City:		State:	ZIP Code:
Telephone:	Fax:		E-mail:

Agreement	
<ol style="list-style-type: none"> 1. All payments are due upon receipt of invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, I authorize the County to make inquiries and/or secure information deemed necessary by the County to establish a Landfill Customer Account. 4. Payments must be received by the 30th of the following month. 5. Company will not receive the bulk rate credit until 90 days and has paid according to Calhoun County Landfill terms. 6. Services shall be suspended once an account becomes 60 days past due. 	

Name:		Name:	
Title:		Title:	
Date:		Date:	

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							Date Verified	
Business/trade references								
Company name:								
Address:								
City:		State:		ZIP Code:				
Company name:								
Address:								
City:		State:		ZIP Code:				
Company name:								
Address:								
City:		State:		ZIP Code:				
Approved by:				Not Approved by:				