ALAMANCE COUNTY LANDFILL CHARGE ACCOUNT REQUEST

(Process period for charge account request can take up to 5 business days depending upon receipt of application and how quickly response is received from credit references. Upon approval, charges will be billed monthly and are due net 30 days)

ALAMANCE COUNTY LANDFILL MAY BE USED ONLY FOR THE DISPOSAL OF SOLID WASTE GENERATED IN ALAMANCE COUNTY. ALL DISPOSAL RULES AND REGULATIONS PER THE ALAMANCE COUNTY SOLID WASTE AND RECYCLING ORDINANCES MUST BE FOLLOWED.

Complete the following information:

Company Name: _____ Company Owner: _____

Street Address: _____City: _____ State: ____ Zip:_____

Po Box Address (if applicable): _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____State: _____ Zip: _____

Contact: _____ Phone #: (____) _____ Fax #: (___) _____

Billing Contact: _____ Phone #: (____) _____ Fax #: (___) _____

Estimated number of trips to landfill per month/quarter: _____

What type of waste will be transported to the landfill? _____

Estimated amount of waste per month/quarter to be transported to the landfill? _____

_____ _____

Company Representative (Signature) Title

VEHICLE (S) DESCRIPTION (ATTACH ADDITIONAL FORM IF NEEDED):

VEHICLE NUMBER	IDENTIFICATION OF TRUCK (S)	MAKE OF VEHICLE	SIZE OF VEHICLE	LICENSE NUMBER/STATE

YOUR TRUCK NUMBER MUST BE DISPLAYED IN THREE INCH LETTERS ON THE FRONT BUMPER AND THE DRIVER'S DOOR (Landfill can provide numbers)

It is the policy of the Alamance County Landfill to weigh all trucks and containers separately in order to establish initial weight prior to placing into system. However at any given time Alamance County Landfill may ask customers to re-weigh their trucks and/or containers to ensure accountability for both parties.

Completed forms (2 pages) should be faxed to: 336-376-1302
For questions, contact: 336-376-8902

LANDFILL OFFICE USE ONLY

Approved By: _____ Date:_____
Account No. _____
Date Entered:
On WW _____ Main Frame _____

CREDIT APPLICATION: (ALL INFORMATION IS HELD IN STRICT CONFIDENCE)

Company Name: _____

Billing Address: _____

Physical Address: _____

City, State, Zip: _____

Phone Number: _____ FAX Number: _____

Contact: _____ Title: _____

How long have you been in business? _____ How long at the present address? _____

Bank Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Contact: _____

For references, please provide 3 companies with whom you have established current credit:
References are checked using the FAX machine – please include these numbers.

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ **FAX Number:** _____

Account #: _____ Contact: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ **FAX Number:** _____

Account #: _____ Contact: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ **FAX Number:** _____

Account #: _____ Contact: _____