

You may fax us this application, however the original must be mailed to our office.



Yakima County Solid Waste
7151 Roza Hill Drive
Yakima, WA 98901
(509)574-2450 Fax (509)574-2458

No. _____

CREDIT APPLICATION

Date: _____ Phone: _____ Fax: _____

Contact Person: _____

Name of Business: _____

Address: _____

City/State/Zip _____ UBI# _____

Type of Business: _____ Year established _____

Legal entity (check one): _____ Corporation _____ LLC _____ Partnership _____ Proprietorship

Monthly Credit Desired: \$ _____

Please include a minimum of three business references with which you have already established a credit history. Please do not include credit card companies or banks.

Name	Phone	Fax
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Reference: Bank Name

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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our creditors to release any information necessary to assist in establishing a line of credit:

Firm Name: _____ Authorized by: _____

Address: _____

City/State/Zip: _____

Terms and Conditions: On all approved credit sales, payment is due on the 25th of the month following the invoice date. Please provide attendants with your account number, for security reasons they are not able to look up your account by name. All invoices are required to have a legible signature. Contractors located outside of Yakima County are required to provide a minimum \$1,000.00 bond as a guarantee of good faith for payment. Delinquent accounts will be charged 18% annual interest. Accounts delinquent past 90 days will be closed and turned over to a collection agency. Yakima County Solid Waste only accepts waste generated within Yakima County. Yakima County reserves the right to terminate this credit agreement at its discretion.

I agree to notify the Manager of Yakima County Solid Waste in writing of my intent to terminate this agreement at least 30 days in advance of its effective date. I understand that I am liable for all reasonable attorney and collection fees incurred by the Solid Waste Division as a result of my failure to pay. I am an authorized signatory for the firm.

Date: _____

Signed by: _____ Title: _____

Approved by: _____ Approved date: _____