



**DAVIESS COUNTY FISCAL COURT
CREDIT APPLICATION**

Business Name: _____

Business Address: _____

Mailing Address: _____

City: _____, **ST:** _____ **Zip:** _____

Ph#: _____ **Fax:** _____ **Cell Ph#:** _____

E-Mail Address: _____

Contact Person: _____

Type of Organization: ___ **Sole Proprietorship** ___ **Partnership**
___ **Corporation** ___ **Other** _____

Federal I. D. #: _____

Describe business activities: _____

***Annual Gross Revenue:** \$ _____

***Approximate Net Worth:** \$ _____

How long in business: _____ yrs. _____ months

Officers of Company:

Name	Title	SS#
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Home address	City, ST & Zip	
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Name	Title	SS#
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Home address	City, ST & Zip	
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Name	Title	SS#
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Home address	City, ST & Zip	
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Bank and Credit references:

Bank Name: _____

Address: _____

City St Zip: _____

Ph#: _____ **Account (s) #:** _____

Name: _____
Address: _____
City St Zip: _____
Ph#: _____ Account (s)#: _____

Name: _____
Address: _____
City St Zip: _____
Ph#: _____ Account (s) #: _____

Name: _____
Address: _____
City St Zip: _____
Ph#: _____ Account (s)#: _____

What type of solid waste will you be disposing of at the Landfill or Transfer Station?

- A. Residential _____
- B. Commercial _____
- C. Industrial _____
- D. Sewer Sludge _____
- E. Contaminated soil _____
- F. Construction, demolition debris _____
- G. Other: _____

County (ies) of origin: _____

How many loads do you expect to dump in a month? _____

The applicant certifies that the above information is true to the best of his/her knowledge and has read and agree to the Credit Policy approved by Daviess County Fiscal Court. The Daviess County Fiscal Court is authorized to obtain, receive, and report credit information regarding this application or resulting account (s). The applicant will promptly pay for all charges, including any late fees and or penalties.

Signatures:

Authorized business signer Date

2nd Authorized business signer Date

*Application must be filled out completely so the application process is not delayed.