



**DAVIESS COUNTY FISCAL COURT  
CREDIT APPLICATION**

**Send Completed Form to:**

Daviess County Fiscal Court  
Attn: County Treasurer  
212 St. Ann Street, Room 202  
Owensboro, KY 42303

Email: [jhendrix@daviessky.org](mailto:jhendrix@daviessky.org)  
Fax #: 270-685-8469

**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#
Home address	City, ST & Zip	

Name	Title	SS#
Home address	City, ST & Zip	

Name	Title	SS#
Home address	City, ST & Zip	

**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

\_\_\_\_\_  
2<sup>nd</sup> Authorized business signer Date

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