

For County Use Only

Acct. # _____

Approval Date: _____

**ST. LAWRENCE COUNTY SOLID WASTE DEPARTMENT
CREDIT APPLICATION**

Please fill out and send to:

St. Lawrence County
Solid Waste Department
48 Court Street
Canton, NY 13617

COMPANY/HAULER INFORMATION:

PRINCIPALS:

Name: _____

Name #1: _____

Address: _____

Name #2: _____

Name #3: _____

Phone #: _____

Fax #: _____

Taxpayer Identification #: _____

Type of Company/Hauler: () Individual () Partnership () Corporation

Are you a contractor or subcontractor? () Yes () No

Any Judgments or Liens? () Yes () No If yes, please explain below.

BANKING RELATIONSHIPS:

Bank Name and Location: _____

Checking Acct. #: _____ Savings Acct. #: _____

Any Assignments of Accounts Receivables? () Yes () No

If yes, to whom? _____

You agree to forward to the Solid Waste Department at the above address any change in your company's incorporated/DBA status, address or name changes as soon as these changes occur. (Within five (5) business days of the change.)

CREDIT REFERENCES:

Name: _____ Telephone #: _____

Address: _____ Contact Person: _____

_____ Fax #: _____

Name: _____ Telephone #: _____

Address: _____ Contact Person: _____

_____ Fax #: _____

CERTIFICATION:

I Certify that all the information provided on this application is true and that I agree to pay all tipping fees within 30 days after such fees are incurred and understand that for any unpaid balance there will be assessed a service charge of 1.5% per month. Failure to pay all credit charges within 30 days will result in the account being put on a CASH ONLY BASIS.

The St. Lawrence County Solid Waste Department may obtain a consumer report (credit history) from a consumer reporting agency (credit bureau) in consideration of this application and in connection with review or renewal of the account(s) applied for. The Solid Waste Department may obtain credit information from other sources and may exchange records regarding credit experience with consumer reporting agencies.

I/we affirm that all information in this application is complete and true, whether completed by me/us or by the Solid Waste Department at my/our direction and I/we understand that additional information may be required of me/us in connection with this application.

Signature

Printed Name

Title

Date

ST. LAWRENCE COUNTY
SOLID WASTE DEPARTMENT

48 Court Street, Canton, NY 13617-1194
Telephone: 315-379-9084 Fax: 315-379-1061

William E. Dashnaw
Director

Scott A. Thornhill
Recycling Coordinator/
Operations Manager

Jane M. Fay
Administrative Assistant

**AUTHORIZATION FOR RELEASE OF
CREDIT REFERENCE INFORMATION**

I, as an authorized agent of the company named: _____

_____, agree to the following:

Authorization is given to the specified bank and trade references to
release all requested credit information to the St. Lawrence County
Solid Waste Department.

Signature

Date

Typed or Printed Name

Title