

**APPLICATION FOR ACCOUNT
PITT COUNTY LANDFILL FEES**

NAME OF COMPANY/INDIVIDUAL _____

ADDRESS: _____

BILLING ADDRESS: _____

PHONE NUMBER - HOME - AREA CODE () _____

WORK - AREA CODE () _____

FAX - AREA CODE () _____

TYPE OF BUSINESS: CORPORATION _____ PARTNERSHIP _____
INDIVIDUAL _____ OTHER _____

GUARANTOR(S)/BUSINESS OWNERS: Individual(s) guaranteeing payment of debt (include addresses): _____

FEDERAL I.D. OR SOCIAL SECURITY NO. _____

LIST 3 BUSINESS CREDIT REFERENCES WITH: (NOTE: Will not process if not complete)

1) Reference: _____ Contact: _____

PH NO. _____ FAX NO. _____ Email: _____

2) Reference: _____ Contact: _____

PH NO. _____ FAX NO. _____ Email: _____

3) Reference: _____ Contact: _____

PH NO. _____ FAX NO. _____ Email: _____

BANK REFERENCES: LIST & INDICATE CHECKING, SAVINGS, OR LOANS

PERSONS AUTHORIZED TO SIGN FOR CHARGES/SALES

WE/I HEREBY AUTHORIZE PITT COUNTY OR AN AGENCY COMMISSIONED BY THE COUNTY TO VERIFY THE INFORMATION LISTED ABOVE.

DATE _____ SIGNATURE _____
TITLE _____

TERMS: NET 30 DAYS FROM DATE OF INVOICE! IF PAYMENT IN FULL IS NOT RECEIVED WITHIN (30) DAYS OF INVOICE DATE, A FINANCE CHARGE OF 1 1/2% PER MONTH SHALL BE IMPOSED UPON THE UNPAID BALANCE OF YOUR ACCOUNT FOR THE PREVIOUS MONTH AND CREDIT PRIVILEGES WILL BE TERMINATED.

FOR COUNTY USE ONLY:

DATE: _____
CREDIT APPROVED: _____
ACCOUNT NUMBER: _____
CREDIT LIMIT: _____

RETURN TO:

PAM KEEL
PITT COUNTY ENGINEERING DEPT.
1717 WEST FIFTH STREET
GREENVILLE, NORTH CAROLINA 27834
FAX (252) 830-4974