



LAKE COUNTY SOLID WASTE DISTRICT

36117 North Reservoir Rd, Polson, MT 59860

Ph: 406-883-7323 Fax 406-883-7326

Credit Application

The undersigned company is applying for credit with Lake County Solid Waste District and agrees to abide by the standard terms and conditions of Lake County Solid Waste District as printed on the reverse side.

Company name

DBA (if different)

Contact person

Address

Phone

Fax

Federal tax ID or Social Security number.

Email

Type of business

No. of employees

Date business established

Types of products you will purchase

Amount of credit requested \$

Are you a:

CORPORATION

State of incorporation

Names, titles, and addresses of your three chief corporate officers

Name and address of your resident agent

PARTNERSHIP

Names and addresses of the partners

SOLE PROPRIETORSHIP

Are you sales tax exempt?

Yes

No

Have you ever had credit with us before?

Yes

No

If yes, under what name?

Authorized purchasers

Purchase order required?

Yes

No

TRADE REFERENCES

Reference #1 **Name** _____
 Address _____
 Phone _____

Reference #2 **Name** _____
 Address _____
 Phone _____

Reference #3 **Name** _____
 Address _____
 Phone _____

BANK REFERENCES

Bank#1 **Account #** _____
 Phone _____
 Contact person _____
 Name of bank _____
 Address _____

Bank#2 **Account #** _____
 Phone _____
 Contact person _____
 Name of bank _____
 Address _____

I represent that the above information is true and is given to induce Lake County Solid Waste District to extend credit to the applicant. My company and I authorize Lake County Solid Waste District to make such credit investigation as Lake County Solid Waste District sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Lake County Solid Waste District any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature: _____

Printed name: _____

Title: _____ **Date:** _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. Bills are sent on the first business day of each month.
2. All bills become payable in full on the 11th day of the month and if not paid by the end of the month are considered past due.
3. A service charge of 1.5% per month will be added to all amounts billed if not paid by the end of the month.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
5. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.