WAKE COUNTY SOLID WASTE - LANDFILL OPERATIONS

APPLICATION FOR CREDIT

Wake County Use Only	
Account # Date Approved	

RETURN TO: Wake County Finance Department, PO Box 550, Raleigh, NC 27602 **E-mail: Accounts.Receivable@wakegov.com**, Voice: (919) 856-6120, TAX ID # 56-6000347

PLEASE COMPLETE ALL INFORMATION			INDICATE THE FREQUENCY YOU ANTICIPATE USING THE LANDFILL AND # OF VEHICLES TO BE	
CUSTOMER'S NAME			YEAR'S IN BUSINESS	REGISTERED TO DUMP.
ADDRESS			DHONE #	TIMES PER <u>DAY/WEEK/MONTH</u> CIRCLE ONE
ADDRESS			PHONE # I WANT TO RECEIVE EMAILED	# OF VEHICLES ENTERING
CITY	STATE	ZIP	TICKETS STATEM	
EMAIL ADDRESSES:				
CUSTOMER IS A (CH	ECK ONE):	CORPORA	ATION PARTNERSH	IP SOLE PROPRIETOR
LIST BUSINESS OFFIC	CERS, PARTNEI	RS OR OWNER	S:	
NAME	-	TITLE	ADDRESS	SOCIAL SECURITY # CDL#
TRADE REFERENCES				
CC	MPANY		ADDRESS	PHONE #
TERMS AND CONDIT	IONIG			
TERMS AND CONDIT				
Customer hereby author and opinion as to the capplication and other cr	izes and requests redit record of C redit information	each trade and Customer. Custom to other, includi	bank reference listed herein to advise mer acknowledges and agrees that C ng other potential sources of the cred	county Solid Waste ("County"). In this connection, county of its credit experience with and to express county in its sole discretion may submit this Credit it sought by this application. Further, Customer, and treports with respect to Customer's officers, partners
credit is extended, Custo (including but not limite	omer agrees to pay d to reasonable f	y invoices in acc ees of a third pa	ordance with the following payment try collector and/or reasonable attorn	astomer in connection with any credit transaction. If erms and further agrees to pay all costs of collection, ey fees even though no suit or action is filed), which es due hereunder and shall become a part of the final
statement of all invoices	will be mailed to	the Customer.		chouse serve as the Customer's invoice. A monthly by the 15^{th} of the month in which Customer receives ion Efforts.
The undersigned has reatrue.	d and hereby agre	ees to the terms	and purchase conditions set forth here	in and certify that all information furnished herein is
COMPANY NAME_				DATE SIGNED
By			TITLE	

Wake County Collection Efforts

The collection effort process is initiated when a customer fails to pay their bill 30 days after the final bill due date. Balances are considered past due once they become unpaid after 30 days. Should an account list a past due balance, the following actions will occur:

31-60 DAYS

Past Due Notices Mailed to Customers and, for partners' accounts, amount due is eligible for rebate deduction.

61-90 DAYS

Customer Placed In "Cash Only" Status, - (Payment required before using landfill)

OVER 90

Account may be sent to collection agency and customer loses landfill privileges until account balance has been paid. After payment is received, customer will be "Cash only" after they have reimbursed the County and its partners for all collection agency fees associated with the past due collections.