Business Account Application

COUNTY OF MARIPOSA
PUBLIC WORKS DEPARTMENT
Solid Waste and Recycling Division
4639 Ben Hur Road
Mariposa, CA 95338
(209) 966-5165
FAX (209) 966-7453
BUSINESS ACCOUNT APPLICATION

APPLICANT INFORMATION:

NAME OF BUSINESS

__________________________________________________________________________________________

BUSINESS LICENSE NUMBER FEDERAL TAX ID NUMBER

__________________________________________________________________________________________

PRIMARY CONTACT

__________________________________________________________________________________________

MAILING ADDRESS

__________________________________________________________________________________________

CITY STATE ZIP CODE

__________________________________________________________________________________________

PHONE # ALTERNATE PHONE # FAX E-MAIL

__________________________________________________________________________________________

CREDIT REFERENCES: PROVIDE TWO CREDIT REFERENCES ALONG WITH THIS APPLICATION

ESTIMATED MONTHLY TONNAGE

LESS THAN ½ TON ½ TON TO 1 TON GREATER THAN 1 TON

ESTIMATED NUMBER OF LOADS/WEEK

TRUCK MAKE AND MODEL AND HAULING CAPACITY

__________________________________________________________________________________________

AUTHORIZED SIGNATURE: The undersigned agrees that the waste contains no hazardous or asbestos-containing materials and that the load may be subject to inspection and approval before disposal. The undersigned also agrees to the following terms of payment: payment terms are net 30; a penalty of 10% will be charged on accounts 60 days past due with 1% added for each additional 30 days delinquent; credit may be revoked after ninety days past due. There will be a $25 setup fee for new accounts to be paid with application and a $10 annual renewal fee due January 1st of each year.

SIGNATURE OF PRIMARY CONTACT DATE

__________________________________________________________________________________________

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

APPROVED: YES NO (Reason not approved: ________________________________________________ )

AUTHORIZED SIGNATURE: ____________________________ DATE: ____________________________