



CREDIT APPLICATION

Company Name: _____

Phone: _____ Fax: _____ Contact Name: _____

Street Address _____

City _____ State _____ Zip _____

Billing Address _____

City _____ State _____ Zip _____

Corporation Partnership Sole Proprietor Other _____

Division/Subsidiary (Name & location of parent): _____

Type of Business: _____ Tax ID/SSN: _____*

Date Business Commenced: _____ Requested Credit Limit: _____

Estimated Monthly Charges: _____ Preferred Method of Invoicing: Email Mail

Accounts Payable Contact: _____

Phone: _____ Fax: _____ Email: _____

Where will debris be originating from? _____

Trade References

Trade Ref Name: _____

Address (Mailing): _____ Email: _____

_____ Fax: _____

Trade Ref Name: _____

Address (Mailing): _____ Email: _____

_____ Fax: _____

*** The Social Security Number of the License Holder and/or Business Owner, or the Corporate EIN if applicable, will be used, in accordance with North Carolina General Statutes §132-1.10 and §105A-3, the Debt Setoff Clearinghouse Program, for the purpose of garnishment should any debt owed to Jones County become delinquent.**

AGREEMENT

1. PAYMENT TERMS: Your account is due in full monthly, with "Total Balance Due" on the 15th of each month.
2. RETURNED CHECKS: I agree to pay Jones County a returned check fee of \$36.00 should I have a check returned. Further, I agree to pay the amount of the returned check in cash or money order. No check will be accepted as payment for a returned check.
3. By submitting this application, you authorize Jones County to make inquiries into the trade references you have supplied.
4. Jones County reserves the right to refuse to extend credit as well as reduce, limit or terminate any credit previously extended at any time.
5. Signature of this credit application is an agreement to the beforementioned terms as well as the Billing Rights found at <https://www.jonescountync.gov>

We accept Jones County Waste Transfer Station terms and conditions above:

Printed Name: _____ Position: _____

Signature: _____ Date: _____

OFFICE USE

Application received by JCWTS on: _____ Credit reference letters sent on: _____ Re-sent on: _____

Approved Disapproved By: _____ Date: _____ Credit Limit: _____

If disapproved, Reason: _____

If disapproved, notified applicant in writing on: _____ (Letter Attached)

Account Number Assigned _____ System Entry Clerk: _____