

**APPLICATION FOR CREDIT
MACON COUNTY SOLID WASTE MANAGEMENT
DEPARTMENT**

**Return form to June Cassada, 109 Sierra Drive, Franklin, NC
Telephone number is 828/349-2215 FAX 828/349-2185**

Date

CompanyName

Business Owner

Company Mailing Address

Location of business if different than

Address

Phone number(s)

SSN

Cell Phone

FAX

Driver License # Attach a copy of license

Bank Reference Name of Bank

Account #

Credit Reference Name of individual we may contact

Phone number

This application must be completed fully. The Solid Waste Management Department reserves the right to review the application and determine whether credit will be extended to any individual/business. The Solid Waste Management Department will notify you as to eligibility status.

Payment is expected upon receipt of the monthly statement. The statements are mailed the second week of the month for the prior month service. If payment is not fully made in 90 days, the Solid Waste Management Department will take the person/business listed above to Small Claims Court for payment. If payment is not rendered at Court, per/business will not be allowed to utilize the charge account any longer.

I have read the above and agree to the stipulations included herein. I hereby give permission for the Macon County Solid Waste Management Department to check with the above listed credit reference. Credit reference has permission to give information as required to County.

Signed

Dated