



BILL HALLDIN, ROCKLIN, CHAIR  
 DAN KARLESKINT, LINCOLN  
 ROBERT WEYGANDT, PLACER COUNTY  
 PAULINE ROCCUCCI, ROSEVILLE  
 BONNIE GORE, PLACER COUNTY  
 KEN GREHM, EXECUTIVE DIRECTOR

## CREDIT APPLICATION

**\*\*\*Credit will be established two (2) weeks after response from credit references\*\*\***

**CREDIT ACCOUNTS ARE INTENDED FOR CUSTOMERS WHO REGULARLY SPEND \$500 OR MORE PER MONTH AT THE WPWMA FACILITY**

**COMPLETE APPLICATION FULLY. INCOMPLETE APPLICATIONS WILL BE REJECTED. UTILITY AND PHONE ACCOUNT INFORMATION MAY BE USED IF YOU DO NOT HAVE 3 CURRENT CREDIT REFERENCES.**

Email completed application to [accounts@wpwma.ca.gov](mailto:accounts@wpwma.ca.gov)

|  |                                      |   |                                      |                             |
|--|--------------------------------------|---|--------------------------------------|-----------------------------|
| Contact Person:  |                                      | Email:                                  |                                      | Acct:                       |
| Business Name:   |                                      | Phone No.                               | Email:                               |                             |
| Business Address:  |                                      |   | How Long:                            |                             |
| Previous Address:  |                                      |   | How Long:                            |                             |
| <input type="checkbox"/> Corporation   | <input type="checkbox"/> Partnership | <input type="checkbox"/> Proprietorship | <input type="checkbox"/> Other _____ |                             |
| Owner's Name(s):   |                                      |   | Year Established:                    |                             |
| Description of Business:   |                                      |   |                                      |                             |
| Bank Name:   |                                      | Phone No.                               | Fax/Email:                           |                             |
| Indicate Type of Account   | <input type="checkbox"/> Checking    | <input type="checkbox"/> Savings        | <input type="checkbox"/> Other _____ |                             |
| I, _____ AUTHORIZE (Bank Name): _____  |                                      |   |                                      |                             |
| To Release Information On My Account(s) To <b>Western Placer Waste Management Authority</b>  |                                      |   |                                      |                             |
| Signed: _____  |                                      | Date: _____                             |                                      |                             |
| Account No(s): _____   |                                      | Date Opened: _____                      |                                      |                             |
| <b>CREDIT REFERENCES:</b> (Give only names of those you buy from on an open account)   |                                      |   |                                      |                             |
| Name:  |                                      | Phone:                                  | Fax/Email:                           |                             |
| Address:   |                                      | City:                                   | State:                               | Zip:                        |
| Credit Limit \$  | Office Use Only VERIFIED             | <input type="checkbox"/> YES            |                                      | Initials                    |
| Name:  |                                      | Phone:                                  | Fax/Email:                           |                             |
| Address:   |                                      | City:                                   | State:                               | Zip:                        |
| Credit Limit \$  | Office Use Only VERIFIED             | <input type="checkbox"/> YES            |                                      | Initials                    |
| Name:  |                                      | Phone:                                  | Fax/Email:                           |                             |
| Address:   |                                      | City:                                   | State:                               | Zip:                        |
| Credit Limit \$  | Office Use Only VERIFIED             | <input type="checkbox"/> YES            |                                      | Initials                    |
| Do You Pledge or Borrow on Your Accounts Receivable?   |                                      |   | <input type="checkbox"/> Yes         | <input type="checkbox"/> No |
| If YES, from Whom:   |                                      |   |                                      |                             |
| <b>TERMS: Net 20, with a 3.0% Late Charge for any past due balance.</b>  |                                      |   |                                      |                             |
| <b>I, the undersigned, hereby certify that all information provided in this application is true and correct. Upon credit approval, I agree to abide by all of the terms as stated above.</b> |                                      |   |                                      |                             |
| Signed:  |                                      | Title:                                  |                                      |                             |
| Print Name:  |                                      | Date:                                   |                                      |                             |