



**Scott Alvord, City of Roseville, Chair**

Shanti Landon, Placer County

Bonnie Gore, Placer County

Bill Halldin, City of Rocklin

Dan Karleskint, City of Lincoln

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:	
<b>Credit Limit \$</b>		<b>Office Use Only VERIFIED</b>		<input type="checkbox"/> YES Initials	
Name:		Phone:		Fax/Email:	
Address:		City:		State: Zip:	
<b>Credit Limit \$</b>		<b>Office Use Only VERIFIED</b>		<input type="checkbox"/> YES Initials	
Name:		Phone:		Fax/Email:	
Address:		City:		State: Zip:	
<b>Credit Limit \$</b>		<b>Office Use Only VERIFIED</b>		<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:		