**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 REGULARY 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**

| Contact Person: | Email: | | Acct: |
|---|---|---|---|

| Business Name: | Phone No. | Email: |
|---|---|---|

| Business Address: | | How Long: |
|---|---|---|
| Previous Address: | | How Long: |

| ☐ Corporation | ☐ Partnership | ☐ Proprietorship | ☐ Other _____ |
|---|---|---|---|

| Owner's Name(s): | Year Established: |
|---|---|

| Description of Business: |
|---|

| Bank Name: | Phone No. | Fax/Email: |
|---|---|---|

| Indicate Type of Account | ☐ Checking | ☐ Savings | ☐ Other _____ |
|---|---|---|---|

I,_____AUTHORIZE (Bank Name):_____

To Release Information On My Account(s) To *Western Placer Waste Management Authority*

Signed:_____Date:_____

Account No(s):_____Date Opened: _____

**CREDIT REFERENCES**: (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** | ☐ **YES** | Initials | |
| Name: | Phone: | Fax/Email: | | |
| Address: | City: | State: | Zip: | |
| **Credit Limit $** | **Office Use Only VERIFIED** | ☐ **YES** | Initials | |
| Name: | Phone: | Fax/Email: | | |
| Address: | City: | State: | Zip: | |
| **Credit Limit $** | **Office Use Only VERIFIED** | ☐ **YES** | Initials | |

| Do You Pledge or Borrow on Your Accounts Receivable? | ☐ Yes | ☐ No |
|---|---|---|
| If YES, from Whom: | | |

**TERMS:**  Net 20, with a 3.0% Late Charge for any past due balance.

**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.**

| Signed: | Title: |
|---|---|
| Print Name: | Date: |