



CREDIT APPLICATION

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

Email completed application to accounts@wpwma.ca.gov

Contact Person:	Email:	Date:	Acct:
Business Name:		Phone No.	Fax/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): _____ 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	<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:			

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:	Printed:
Title:	Dated:

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.