



For Office Use Only

Account Number \_\_\_\_\_

Summit County Resource Allocation Park  
P.O. Box 3789  
Dillon, CO 80435  
(970) 468-9263, 468-9304 (Fax)

**APPLICATION FOR CREDIT**

(Please print or type)

Date: \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ F.I.D. \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ STATE I.D. # \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ AT PRESENT LOCATION SINCE \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

OWNERSHIP: \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP

\_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ GOVERNMENT \_\_\_\_\_ TAX EXEMPT must furnish copy of certificate with application

Name of Officers, Partners, or proprietor:

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Phone \_\_\_\_\_

LOCATION OF HOME OFFICE: \_\_\_\_\_

LOCATION FROM WHICH PAYMENTS ARE MADE: \_\_\_\_\_

**REFERENCES:** (A minimum of two references are required from which you buy on open account)

Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

BANK: Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Type of Acct. \_\_\_\_\_ Acct. No. \_\_\_\_\_ Phone \_\_\_\_\_

Do you have an existing or closed account with Summit County? \_\_\_\_\_

BILLING AGREEMENT

It is agreed between Summit County (herein referred to as Seller) and applicant (hereinafter referred to as Buyer) that in consideration of being allowed to purchase services on other than a cash due on sale basis, Buyer agrees to the following:

1. Monthly Statement. All purchases made by Buyer during any given monthly period will be totaled and reflected on a statement sent to the Buyer. Payments for all purchases shall be due within thirty (30) days of the date of the monthly statement.
2. Finance Charge. All amounts remaining unpaid on Buyer's account after thirty (30) days from the date of the monthly statement, shall incur interest at the rate of 1.75% per month or 21% annum, both before and after judgement.
3. Default, Costs, & Attorney Fees. Buyer shall be responsible for and shall pay immediately upon demand any and all costs of collection incurred by Seller, including but not limited to attorney fees, related to Buyer's failure to timely pay for purchases made by Buyer hereunder.
4. Minimum Charges. Buyer agrees to purchase a minimum of \$1000 of services annually. Effective 2/1/09 or credit privileges can be revoked.
5. Additional Charges. Buyer agrees to tip all loads as directed and ordered by the waste facility attendant and agrees to provide loads free of hazardous waste. Should hazardous waste be discovered or the loads not tipped as directed, the Buyer shall be charged and solely responsible for reimbursing Seller all additional disposal costs incurred by Seller as a result of Buyer's failure to tip Buyer's load as directed and/or of Buyer's disposal of hazardous waste at the Summit County Landfill.
6. Recycling Collection Service Only: There is a \$65.00 charge per container billed to you upon end of service if tote bins are not returned or need to be replaced due to negligence.
7. Revocation By Seller. Seller reserves the right to revoke this agreement at any time for any reason upon provision of written notice to Buyer.

THIS IS NOT A REVOLVING CHARGE ACCOUNT. All payments are due within thirty (30) days after the date of the statement and installment payments are not allowed. By the signature below, the Buyer acknowledges receipt of a COPY of this agreement.

\_\_\_\_\_  
SIGNATURE , BUYER, TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

\_\_\_\_\_  
SUMMIT COUNTY APPROVAL

\_\_\_\_\_  
DATE

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SUMMIT COUNTY DENIAL

\_\_\_\_\_  
DATE

Reason \_\_\_\_\_