GRANT COUNTY PUBLIC WORKS
124 ENTERPRISE ST. S.E.
EPHRATA, WA 98823

PHONE: 509-754-6082
FAX: 509-754-6087

SOLID WASTE AGREEMENT
APPLICATION FOR ACCOUNT

Company Name: _____

Owner: _____

Business License #: _____ Contractor #: _____

Billing Address: _____

Contact Person (s): _____

Phone: _____ Fax: _____

List Name, Address, and Phone Number of three business references:

1. _____
_____
2. _____
_____
3. _____
_____

Vehicle License #, State, and Brief Description:

State	License #	Description
Ex.. WA	A12345S	Red Chevy Flatbed

Persons authorized to charge to this account (For your protection update with new employees or those no longer employed. This is the charge account holders' responsibility.)

NOTICE TO APPLICANT:

Accounts are due and payable upon the receipt of a billing. All charge accounts which have unpaid balances delinquent more than thirty (30) days shall be charged interest at one and one-half (1.5%) percent per month on the unpaid balance until the account is satisfied. Accounts which have unpaid balances delinquent more than ninety (90) days shall be placed on a cash-only basis until the delinquent balance is satisfied and may, at the discretion of the Grant County Board of Commissioners or the Grant County Public Works Director be referred to the Grant County Prosecuting Attorney for collection or assignment to collection agency, and termination of all rights of their charge account.

Agreement: I, as applicant hereto, agree to the following:

I authorize the Grant County Department of Public Works to check any and all statements made in the application portion of this document. I additionally authorize all creditors (existing charge accounts) to release any information concerning my account or history thereof to Grant County Public Works personnel so that the Grant County Public Works may do financial background on the status of my accounts. I understand that deliberately falsifying or providing false information on the application portion of this document will cause this application and any future applications for an account to be denied.

_____ _____

Signature Date

Dba _____

Review of Application

Application for Account Approved _____ Denied _____

This _____ day of _____, 20___ .

Grant County Department of Public Works

By: _____