



ADMINISTRATIVE OFFICE
 19 Gregory Drive, Suite 204
 South Burlington, VT 05403
 EMAIL info@cswd.net
 TEL (802) 872-8100
 www.cswd.net

CREDIT APPLICATION

Name of Business: _____
 Billing Address _____
 Phone: _____ Fax (if any): _____
 Email: _____ Type of Business _____

Bank of Deposit: _____
 Principal Company Officer(s): _____

Federal Tax ID # _____ Credit amount requested: _____
 (If tax exempt, please send certification)

Credit request for: _____
 (Circle all that apply) Drop Off Center Environmental Depot Materials Recovery Facility Green Mountain Compost

References:

Name	Address	Phone	Fax/email
------	---------	-------	-----------

Name	Address	Phone	Fax/email
------	---------	-------	-----------

Name	Address	Phone	Fax/email
------	---------	-------	-----------

Name of individuals authorized to charge:

--	--	--

It is agreed and understood that the terms of all sales are as follows:
 The net amount is due within forty-five (45) days after receipt of goods. If the account becomes past due, all future sales may, at the sole option of the Chittenden Solid Waste District be made on a COD basis until all past due amounts are paid. The failure of the Chittenden Solid Waste District to exercise this option with respect to any order shall not be deemed a waiver of said option with respect to any subsequent orders placed by the Purchaser while the account is past due. Simple interest will accrue on all past due accounts at the monthly rate of 1.5% per month (18% annually) or at such higher rate as shall be allowed by law. The purchaser agrees to pay all costs of collection on past due accounts, including reasonable attorney's fees.
 The Purchaser hereby accepts the terms and conditions contained in this Credit Application and certifies that the foregoing statements and representations are true and correct.

 Print name and Title of authorized signer

 Signature Date