CHITTENDEN SOLID WASTE DISTRICT
1021 Redmond Road ◆ Williston, VT 05495-7729
802-872-8100 ◆ Fax: 802-878-5787 ◆ Web: 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 # (If tax exempt, please send certification) _____ Credit amount requested:

Credit request for: (Circle all that apply) Drop Off Center Hazardous Waste 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

Approved by ED: Date:

Account ID: Email Address for Invoices: