



**FORM 1**

**APPLICATION FOR CREDIT – OUTLOOK REGIONAL LANDFILL**

Business Name: \_\_\_\_\_

Owner/President/Principle: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Name of Billing Contact Person (if different than owner/president/principle): \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Name and Contact Information for Local Credit Reference: \_\_\_\_\_

**Additional Information:**

Purchase Order Required (circle Y or N)      YES    NO

License Plate Number(s) of Haulers: \_\_\_\_\_

Notes: \_\_\_\_\_

The undersigned confirms all information provided to be correct to the best of my knowledge, I authorize the Town of Outlook to charge to my account under the above noted conditions, I understand that a statement of account shall be sent to the address(es) provided herein on a monthly basis and that failure to pay in a timely basis will result in interest being applied monthly at a rate of 2% per month with the ability to charge for service rendered being suspended while the account balance is in arrears.

Authorized Person (Printed): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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