

CALHOUN COUNTY, ALABAMA LANDFILL CUSTOMER APPLICATION

Business Contact Information				
Company name:				
Phone:		Fax:		E-mail:
Primary company address:				
City:		State:		ZIP Code:
Sole proprietorship:	Partnership:	Corporation:	LLC	Other
SOCIAL SERCURITY NUMBER:		EMPLOYER IDENTIFCATION #		

Bank Information			
Bank name:			
Bank address:			Phone:
City:		State:	ZIP Code:
Type of account:		Account number:	

Business/Trade References			
Company name:			
Address:			
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Telephone:	Fax:	E-mail:	

Agreement	
<p>1. All payments are due upon receipt of invoice.</p> <p>2. Claims arising from invoices must be made within seven working days.</p> <p>3. By submitting this application, I authorize the County to make inquiries and/or secure information deemed necessary by the County to establish a Landfill Customer Account.</p>	
Name:	Name:
Title:	Title:
Date:	Date:

OFFICE USE ONLY

Date Verified

Business/trade references

Company name:							
Address:							
City:		State:		ZIP Code:			
Company name:							
Address:							
City:		State:		ZIP Code:			
Company name:							
Address:							
City:		State:		ZIP Code:			
Approved by:				Not Approved by:			