



catawba county

CATAWBA COUNTY LANDFILL CREDIT APPLICATION

Mailing Address: PO Box 389, Newton, NC 28658

Physical Address: 4017 Rocky Ford Rd (SR 2019) Phone: (704) 462-1348

Fax Application To: Beverly Hester at: (704) 462-4366 or

E-mail To: bhester@catawbacountync.gov or abowman@catawbacountync.gov

(Check one) New Account _____

Account Update _____

Business Name _____

Address (Mailing) _____

City State Zip

Physical Address _____

(If Different) _____

City State Zip

Owner's Name _____

Contact Person _____

Principal Name, if Business _____

*Social Security _____

*Employer Identification Number (EIN) _____

*The Social Security Number of the License Holder and/or Business Owner, or the Corporate EIN if applicable, will be used, in accordance with North Carolina General Statutes §132-1.10 and §105A-3, the Debt Setoff Clearinghouse Program, for the purpose of garnishment should any debt owed to Catawba County become delinquent. The disclosure of the Social Security Number is voluntary.

Phone Number () _____ Mobile () _____ Fax () _____

Email address: _____

Type of Business _____

Is waste generated by Applicant? Yes _____ No _____

Invoicing Preference: (Check one) _____ Mailed _____ Electronic _____

Email address for Electronic Invoicing: _____

If a waste disposal company (supplies rental waste containers), the following information along with permits, licenses, and/or other forms are required. Please call the County's Landfill at (704)462-1348 prior to completing this form to obtain Catawba County's requirements.

Application Completed By _____

Position _____

Signature _____ Date _____

**A bank reference and two (2) credit references are required or application will not be accepted.
Fax numbers are also required.**

BANK REFERENCE INFORMATION

Name _____
Address (Mailing) _____

Contact Person _____
Phone Number () _____ Fax Number () _____
****REQUIRED****

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OFFICE USE

NOTES: _____

CREDIT REFERENCE INFORMATION
(Banks cannot be used as credit references)

Name _____
Address (Mailing) _____

Contact Person _____
Phone Number () _____ Fax Number () _____
****REQUIRED****

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OFFICE USE

NOTES: _____

CREDIT REFERENCE INFORMATION

Name _____
Address (Mailing) _____

Contact Person _____
Phone Number () _____ Fax Number () _____
****REQUIRED****

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OFFICE USE

NOTES: _____

Application Received By: _____ Date: _____

Credit reference letter sent on: _____ Re-sent on: _____

Approved or Disapproved: _____ By: _____ Date: _____

If disapproved, Reason: _____

If disapproved, notified applicant in writing on: _____
Attached copy of letter

Account Number Assigned _____ By _____