



## Iredell County Solid Waste CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Send completed application to Sherry Grinton  
Fax (704) 878-5429 or e-mail sgrinton@co.iredell.nc.us

BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary mailing address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Contact person:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Contact person:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Contact person:			
AGREEMENT			
1. All invoices are to be paid net 20 from the statement date.			
2. By submitting this application, you authorize Iredell County Solid Waste to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Title:		Title:	
Date:		Date:	

OFFICE USE ONLY – Account Number: \_\_\_\_\_ Application Approved By: \_\_\_\_\_ Date: \_\_\_\_\_