

FREDERICK COUNTY LANDFILL ACCOUNT APPLICATION

REFUSE MUST ORIGINATE FROM SERVICE AREA

NAME OF BUSINESS/FIRM _____

PARENT COMPANY (if subsidiary) _____

FED ID#/SS# _____ PHONE # _____ FAX# _____

CONTACT PERSON _____ EMAIL _____

LOCATION ADDRESS (STREET ADDRESS) _____

CITY _____ STATE _____ ZIP _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____

TYPE OF BUSINESS SOLE PROPRIETOR _____ PARTNERSHIP _____ CORPORATION _____ LLC _____

YEAR ESTABLISHED _____ TYPE OF SERVICE PROVIDED _____

OFFICER/OWNER INFORMATION

NAME _____ TITLE _____

STREET ADDRESS _____
(IF DIFFERENT FROM ABOVE ADDRESS)

NAME _____ TITLE _____

STREET ADDRESS _____
(IF DIFFERENT FROM ABOVE ADDRESS)

NAME _____ TITLE _____

STREET ADDRESS _____
(IF DIFFERENT FROM ABOVE ADDRESS)

BANK INFORMATION

NAME _____ BRANCH _____

ADDRESS _____

CONTACT PERSON _____ PHONE _____ ACCOUNT# _____

NEW ACCOUNTS PROVIDE TWO BUSINESS OR TRADE REFERENCES AND ADDRESSES – WITHIN THE STATE OF VIRGINIA

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

LIST OF AUTHORIZED VEHICLES BY MAKE, YEAR, AND LICENSE PLATE NUMBERS TO DUMP

THE UNDERSIGNED HEREBY REQUESTS THAT A FREDERICK COUNTY LANDFILL ACCOUNT BE MAINTAINED IN THE NAME OF THE ABOVE APPLICANT/S

SIGNATURE OF APPLICANT'S AGENT _____ TITLE _____

PRINT NAME OF APPLICANT'S AGENT _____ DATE _____

PERSONAL GUARANTEE

(Required for entities other than publicly held companies.)

In consideration of the credit being extended to the Applicant, I personally guarantee all indebtedness hereunder. I further agree that this guarantee is an absolute, complete, and continuing one and no notice of the indebtedness and any extension of credit already of hereafter contracted by or extended need be given. The terms may be arranged, extended, and/or renewed without notice to me. I also agree that information given in this application is complete and accurate and authorizes the County of Frederick to check with credit reporting agencies, credit reference, and other sources deemed appropriate in investigating the information given. Any person signing below as the duly authorized signatory of the Business/Firm attests that the Business/Firm is a valid business entity and that each person signing below is authorized to enter into the Agreement on behalf of such business. In the event that any suit or action is instituted to collect the amount due on the account, whether principal or interest or both, I agree to pay, in addition to the amount owed, all legal fees and cost and collection fees and cost incurred a reasonable sum for attorney's fees. I further agree that all litigation will be in the Commonwealth of Virginia, The County of Frederick.

PERSONAL GUARANTOR NAME (PRINT) _____

PERSONAL GUARANTOR SIGNATURE _____ DATE _____

