

# Wayne Township Landfill

P.O. Box 209 • 264 Landfill Lane  
McElhattan, PA 17748-0209  
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Email heather@waynetwplandfill.com

## APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_  
Business Type:            ( ) Individual                   ( ) Partnership                   ( ) Corporation  
Company Street Address: \_\_\_\_\_  
City, State, Postal Code: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Federal ID: \_\_\_\_\_  
Company E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Company Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Owners Name: \_\_\_\_\_  
Owners Street Address: \_\_\_\_\_  
Owners City, State, Postal Code: \_\_\_\_\_  
Owners Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Persons authorized to make charges at the Wayne Township Landfill:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

### Type of Waste to be disposed of:

Municipal     Demolition    Residual    Other: \_\_\_\_\_

Length of time in business: \_\_\_\_\_  
If less than 2 years, previous employment: \_\_\_\_\_  
Amount of credit desired: \_\_\_\_\_

**The undersigned hereby authorizes the named bank(s), trade and/or credit references listed to release such information as required by the Wayne Township Landfill to establish an account.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Bank Reference:

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ \*Fax: \_\_\_\_\_  
Type of Account \_\_\_\_\_ Contact \_\_\_\_\_

### Trade References:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
*Fax: _____	*Fax: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
*Fax: _____	*Fax: _____

**\* Fax Numbers required in order to process application.**

Charge accounts for APPROVED customers of the Wayne Township Landfill will be granted only upon acceptance of the credit agreement as follows:

1. Approved charge customers are those that utilize the disposal facility of the Wayne Township Landfill at least monthly and where past credit history has been satisfactory according to the discretion of the landfill manager.
2. Charge account customers may charge their tipping fee costs for 1-month periods.
3. Payments in full must be made within 30 calendar days of the date of the monthly statements.
4. Accounts not paid within the 30-day period will be deemed "PAST DUE" and a finance charge at the rate of 1 1/2 % per month or an annual percentage rate of 18% will be imposed starting the date of the invoice.
5. Accounts paid within 10-days of the monthly statement date may or may NOT be eligible to receive a 1% discount. The status of your account eligibility is at the discretion of the General Manager.
6. Charge account customers with accounts "PAST DUE" as defined above, will be permitted to utilize the disposal facility on a cash basis only until their account is paid in full.
7. Charge account customers who have issued an insufficient funds check will automatically terminate the credit agreement, which will result in the suspension of disposal privileges at the Wayne Township Landfill until the account is paid in full, including a \$20.00 service charge to be assessed to each insufficient funds check. In the event of the issuance of an insufficient funds check, the customer shall not be entitled to renew this credit agreement without formal approval of the Wayne Township Landfill.

In consideration of the extension of credit by the Wayne Township Landfill to the above listed company, the undersigned, jointly and severally, personally guarantees the payment to the Wayne Township Landfill of all sums owed to it at any time by said company, including FINANCE CHARGES, attorney's and collection fees.

I (We) accept the above conditions and agree to be bound by them.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

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FOR CREDIT DEPARTMENT USE ONLY

Credit approved      Maximum Amount: \_\_\_\_\_

Credit refused      Reason: \_\_\_\_\_

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

Special Pricing:

Yes      Waste \_\_\_\_\_ Price \_\_\_\_\_

Waste \_\_\_\_\_ Price \_\_\_\_\_

No