



CLINTON COUNTY SOLID WASTE AUTHORITY
dba Wayne Township Landfill
APPLICATION FOR CREDIT
P.O. Box 209 • 15 Landfill Lane
McElhattan, PA 17748-0209
Ph. (570) 769-6977 • Fax (570) 769-7366
Email abigail@waynetwplandfill.com

Company Name: _____

Business Type: () Individual () Partnership () Corporation

Length of Time in Business: _____

If Less Than 2 Years, Previous Employment: _____

Estimated Monthly Tonnage Or Purchase Amount: _____

Amount of Credit Desired: _____

Company Street Address: _____

City, State, Postal Code: _____

Company Phone: _____ Fax: _____ Federal ID: _____

Company Website: _____

Company Contact Name: _____ Phone: _____

Contact E-mail: _____

Billing Contact Name: _____ Phone: _____

Billing Street Address (If different than above) _____

Billing City, State, Postal Code: _____

Billing Email: _____

Owners Name: _____

Owners Street Address: _____

Owners City, State, Postal Code: _____

Owners Phone: _____ Email: _____

Type of Waste to be disposed of:

Municipal **Demolition** **Residual** **Other:** _____

****Billing Emails are required as WTL Emails all Invoices & Statements****

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 General Manager.
2. Customer is responsible to ensure all Individuals charging to the account are authorized.
3. Payments in full must be made within 30 calendar days of the date of the invoice.
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 invoice 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, may have their disposal privileges revoked.
7. Customers who pay a cumulative amount of \$2,500.00 or more via credit card during a 30 day period, will incur a 3% surcharge.
8. Charge account customers who have issued an insufficient fund 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.
9. If the account becomes delinquent and further collection attempts must be made, the customer agrees to pay attorney and collection fees.

Each Individual signing this Agreement directly and expressly warrants that he/she has been given and has received and accepted authority to sign and execute the Agreement on behalf of the party for whom it is indicated he/she has signed, and further has been expressly given, received and accepted authority to enter into a binding agreement on behalf of such party with respect to the matters contained herein and as stated herein.

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.

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

Authorized Signature

Date

Printed Name

Authorized Signature

Date

Printed Name

FOR CREDIT DEPARTMENT USE ONLY

Credit approved Maximum Amount: _____

Credit refused Reason: _____

Signed: _____ Date: _____

CLINTON COUNTY SOLID WASTE AUTHORITY BANK & TRADE REFERENCE REQUEST

*The undersigned hereby authorizes the named bank, trade and/or credit references listed to release such information as required by the Wayne Township Landfill to establish an account. ****E-mail addresses are required in order to process application*****

Name: _____ Title: _____
Signature: _____ Date: _____

Bank Reference:

Bank Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Account _____ Contact Name: _____

Trade References:

Name: _____ Name: _____

Address: _____ Address: _____

City, ST & Zip _____ City, ST & Zip _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Name: _____ Name: _____

Address: _____ Address: _____

City, ST & Zip _____ City, ST & Zip _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____