



WESTERN PLACER
WASTE MANAGEMENT AUTHORITY

PAUL JOINER, LINCOLN, CHAIR
ROBERT WEYGANDT, PLACER COUNTY
JOHN ALLARD, ROSEVILLE
JACK DURAN, PLACER COUNTY
SCOTT YUILL, ROCKLIN
KEN GREHM, EXECUTIVE DIRECTOR

CREDIT APPLICATION

Credit will be established two (2) weeks after response from credit references

Fax completed application to Alison Lancaster **FAX #530.889.6880** (Phone 530.889.6824)

Contact Person:	Email:	Date:	Acct:
Business Name:	Phone No.	FAX NO:	
Business Address:	How Long:		
Previous Address:	How Long:		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Other _____
Owner's Name(s):	Year Established:		
Description of Business:			
Bank Name:	Phone No.	FAX NO:	
Indicate Type of Account	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other _____
I, _____ AUTHORIZE (Bank): _____ To Release Information On My Account(s) To Western Placer Waste Management Authority			
Signed: _____		Date: _____	
Account No(s): _____		Date Opened: _____	
CREDIT REFERENCES: (Give only names of those you buy from on an open account) (FAX No. is mandatory)			
Name:	Phone:	FAX:	
Address:	City:	State:	Zip:
Credit Limit \$	Office Use Only VERIFIED	<input type="checkbox"/> YES	Initials
Name:	Phone:	FAX:	
Address:	City:	State:	Zip:
Credit Limit \$	Office Use Only VERIFIED	<input type="checkbox"/> YES	Initials
Name:	Phone:	FAX:	
Address:	City:	State:	Zip:
Credit Limit \$	Office Use Only VERIFIED	<input type="checkbox"/> YES	Initials
Do You Pledge or Borrow on Your Accounts Receivable?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, from Whom:			

TERMS: Net 20, with a 3.0% Late Charge for any past due balance.

I, the undersigned, hereby certify that all information provided in this application is true and correct. Upon credit approval, I agree to abide by all of the terms as stated above.

Signed:	Printed:
Title:	Dated:

RECYCLING AND DISPOSAL MADE EASY

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