County of Butte
Neal Road Landfill
7 County Center Drive
Oroville, CA 95965
Phone (530) 538-7681
Fax (530) 538-7171

Credit Application

1. Company Name:	2. Owner's Name:	
3. Type of Business:	4a. Business License # or Permit #:	4b. Date Business Established:
5. Contact Person:	6a. Phone # Business:	6b. Phone # Home:
7. Business Address:	8. Mailing Address:	

9. Amount Credit Requested: *1

10. Business Structure:
◯ Sole Proprietorship ◯ Partnership ◯ LLP - Partnership ◯ Corporation ◯ S-Corporation ◯ Non-Profit ◯ Government

11a. Bank reference - Provide Name of Bank, Account number, phone number and address :	11b. Business reference - Provide Name of Business Reference, phone number and address:
11c. Business reference - Provide Name of Business Reference, phone number and address:	11d. Business reference - Provide Name of Business Reference, phone number and address:

12. Account Activity:
a. Estimated tonnage per month *2 _____
b. # of Vehicles used to Deliver Waste: ____
c. Type of Vehicles Used:_____
d. Are vehicles identified: __Yes __No
e. # of trips____ (___ daily ___ weekly ___ monthly)

13. Type of Waste To Be Disposed (check all that apply):
◯ Household and/or Commercial Refuse
◯ Construction and/or Demolition Waste
◯ Clean Green and/or Wood Waste
◯ Tires and/or Altered Tires
◯ Hard to handle items (oversized, specialized)
◯ Appliances (___ with Freon ___ without Freon)
◯ Furniture (___ Mattresses ___ Box Springs ___ Hide-A-Beds ___ Couches ___ Recliners)
◯ Septage
◯ Other _____

14. Persons Authorized To Charge:
1. _____ 3. _____ 5. _____
2. _____ 4. _____ 6. _____

15. THE UNDERSIGNED HEREBY AGREES TO:

1. Pay account in full within 30 days of billing or forfeit all credit privileges at landfill until account and applicable delinquent fees are paid in full;
2. Reimburse Butte County for the reasonable cost of collection and/or attorney's fees incurred in the collection of a delinquent account;
3. Observe all rules and regulation of the landfill site;
4. Notify this office of any changes in the information contained in this application;

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I/we hereby certify that the information in this credit application is true and correct. The information included herein is to be used to determine the amount and conditions of credit to be extended to me/us. I/we understand that other sources of credit considered necessary for determining this may also be used.

Signature:	Title:	Date:
Signature: (if partnership)	Title:	Date:

This section for use of County of Butte Only:

A - Date Received	B - Credit Requested:	C: Approval Status:	D: Credit Extended:	E: Special Terms:

F- Notes:

*1 - Minimum $500 per month *2 Miniumum 20 Tons/Month

J. Michael Crump, *Director*
Shawn H. O'Brien, Assistant *Director*

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AUTHORIZATION FOR RELEASE OF INFORMATION

I/We hereby authorize Butte County Public Works – Neal Road Landfill and any of its agents and assignees to verify business ownership, banking accounts, credit history and/or any other information which any of them finds necessary in connection with my/our credit application.

You are authorized to give ratings, loan balances, and other information requested to provide Butte County Public Works – Neal Road Landfill assistance in completing my credit application. I hereby release Butte County Public Works – Neal Road Landfill and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

I/We understand that use of a photocopy of this form may be necessary to verify one or more of my/our credit references. I/We authorize this use and request that a photocopy be honored.

I/We certify that all of my/our application information is true and complete, and that I/we made no misrepresentation nor did I/we omit any pertinent information.

_____ _____
Name of Business Date

Authorized Signers:

_____ Title: _____

_____ Title: _____

_____ Title: _____

_____ Title: _____