

La Crosse County Solid Waste Dept.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Tax ID/SSN#

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Bank name:

Bank address:

City:

State:

ZIP Code:

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid within 30 days from the date of the invoice.
2. A 1.5% monthly finance charge will be applied to past due balances.
3. By submitting this application, you authorize La Crosse County Solid Waste Dept. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

RETURN THIS FORM TO:

Title:
Date:

Account Clerk
 La Crosse County Solid Waste Department
 6500 State Rd 16
 La Crosse, WI 54601
 Tel. (608) 785-9570 Fax. (608) 785-6160