

# DICKINSON COUNTY TRANSFER STATION

2363 Jeep Road • Abilene, KS 67410 • 785.263.4780



## CHARGE ACCOUNT APPLICATION

APPLYING FOR AN OPEN ACCOUNT

APPLYING FOR A JOB SPECIFIC ACCOUNT

### GENERAL INFORMATION

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Address City State Zip Code

### OWNER INFORMATION

Name: \_\_\_\_\_ Personal Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Social Security No. (or Federal Taxpayer ID): \_\_\_\_\_

### ACCOUNTS PAYABLE INFORMATION

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(please list the email address that we may contact for all accounts payable communications)

Billing Address: \_\_\_\_\_  
(if different from physical) Street Address City State Zip Code

### CREDIT REFERENCES

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Account No. \_\_\_\_\_ Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Account No. \_\_\_\_\_ Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Account No. \_\_\_\_\_ Address: \_\_\_\_\_

**BANK REFERENCE**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Branch/City: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account No. \_\_\_\_\_ Contact: \_\_\_\_\_

**AUTHORIZED PERSONNEL**

The individuals listed below will be granted permission to charge on your behalf. Changes to this list may be made by written notice to the Dickinson County Transfer Station. One time charging privileges may be granted with the use of a note signed by the account owner. Print names clearly below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submission of this application and signature below indicates that the applicant agrees to the terms as follows:

1. For the purpose of establishing a credit line with the Dickinson County Transfer Station, I hereby authorize the agencies listed under Credit References and Bank Reference to furnish the requested account information.
2. All charges incurred at the Dickinson County Transfer Station by the applicant or any authorized personnel in any given month are to be paid by the 15<sup>th</sup> day of the following month.
3. Charging privileges will be suspended if account remains unpaid 30 days past the invoice date.
4. Any balance left unpaid in excess of 6 months may be turned over to the county attorney for collections.
5. All loads of trash must be covered. All metal and brush loads must be tied down. There will be a fee of \$10.00 applied to every load that does not meet these standards.

Please notify us as soon as possible regarding any billing discrepancies and we would be happy to look into the situation. Please have your customer number, invoice number, and ticket number readily available. Invoices will be generated on the 1<sup>st</sup> of each month and mailed (or e-mailed) no later than the 5<sup>th</sup>.

Terms and conditions include but are not limited to those listed above and are subject to change at the discretion of the Dickinson County Transfer Station.

\_\_\_\_\_  
Signature Printed Name Title Date

**FOR OFFICE USE ONLY**

Approved  Denied Reason for declination: \_\_\_\_\_

Approved By: \_\_\_\_\_  
Name Signature Date

Credit Limit: \_\_\_\_\_ Customer Number: \_\_\_\_\_