

**Bingham County Solid Waste Department**

251 N 690 W

Black foot, ID 83221

**(208) 782-3867**

**Fax: (208) 684-7965**

**CREDIT APPLICATION**

Large Volumes or Companies located out of county may require a bond. You will need verification of your business and how long the business has been in operation.

**This application must have a current credit report attached to be considered for a charge account with the county.**

**Business Name** \_\_\_\_\_

**Agent Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **M/i** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**D.O.B.** \_\_\_\_\_ **Social Security#** \_\_\_\_\_

**Business Phone#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Fax #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

\_\_\_\_ Corporation      \_\_\_\_ Individual      \_\_\_\_ Partnership (check one)

**Federal ID #** \_\_\_\_\_ **Bank** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Monthly credit limit** \_\_\_\_\_

**BY SIGNING BELOW, I AUTHORIZE THE BINGHAM COUNTY SOLID WASTE DEPARTMENT TO CHECK MY CREDIT. I AGREE THAT I WILL PAY THE TOTAL AMOUNT DUE, BILLED ON THE STATEMENT, IN FULL BY THE 25<sup>TH</sup> OF EACH MONTH.**

**YOU WILL NEED TO MEET WITH THE COUNTY BOARD OF COMMISSIONER FOR APPROVAL OF ALL NEW ACCOUNT APPLICATIONS, COUNTY STAFF WILL ARRANGE THIS MEETING.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only

APPROVED

DECLINED

**BY COMMISSION:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approval by Director of Public Works** \_\_\_\_\_ **Date** \_\_\_\_\_