

**ROCKINGHAM COUNTY LANDFILL
APPLICATION FOR CREDIT**

BY:

Name of Firm or Individual:

Address:

City:	State:	ZIP:
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Years at Address:		
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Phone: ()	Fax: ()	Email:
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Website:		
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HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF:

ROCKINGHAM COUNTY FINANCE P.O. BOX 209 WENTWORTH, NC 27375	NORMAL CREDIT TERMS: 10 WORKING DAYS FROM RECEIPT OF BILLING
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**THE FOLLOWING INFORMATION MUST BE PROVIDED.
IT WILL BE HELD IN THE STRICTEST OF CONFIDENCE.**

CORPORATION INDIVIDUAL

OWNERSHIP

Name of Principal(s):

Address:

City:	State:	ZIP:
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Phone: ()	Fax: ()	Email:
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BANK

Name of Bank:

Address:

City:	State:	ZIP:
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Phone: ()	Fax: ()	
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CREDIT REFERENCES

1. Business Name:

Address:

City:	State:	ZIP:
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Phone: ()	Fax: ()	
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2. Business Name:

Address:

City:	State:	ZIP:
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Phone: ()	Fax: ()	
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3. Business Name:

Address:

City:	State:	ZIP:
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Phone: ()	Fax: ()	
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MISC:

Nature of your business with the Rockingham County Landfill:

WE CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

Signature & Title	Date
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ROCKINGHAM COUNTY IN HOUSE USE ONLY - VERIFICATION

References Checked By:	Credit Approved By:
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References Results:	Credit Refused By:
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