## Clarendon County Landfill Application for Business Account

Individual or Company Name: Sole Proprietorship? Partnership? Corporation? Phone Number: Alternate Phone Number: E-Mail Address Registered Business Street Address: City State Zip P.O. Box City State Zip How long at current Address? Years Months Persons authorized to use this account 1. Title 2. Title 3. Title 4. Title How do you wish to be billed? Pay at time of delivery Billed Monthly  Credit References: Name Phone Number Name All invoices are due on the 20th of the month following service. Claims arising from invoice must be made within seven (7) working days. By submitting this application, you authorize Clarendon County to make inquiries to the business references that you have supplied.  By signing, vendor acknowledges that payment is due 20 days after the month of service. If payment is not made on time, vendor will be banned from using the Clarendon County Landfill to dump any debris until all amounts due are paid in full. Late fees of 1.5% will be applied.  Any collection efforts on said account will be pursuant to SC Law. Vendor acknowledges that if collection efforts are sought by Clarendon County or any of its assignees, all court related costs, including attorney fees, will be paid for by vendor.  Signature: Title Name Printed Date	Title of Person filling out appl	ication:		
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P.O. Box	City	State	Zip	
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How long at current Address? Years Months  Persons authorized to use this account  1.	City	State	Zip	
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