

Clarendon County Landfill
Application for Business Account

Title of Person filling out application: _____

Individual or Company Name: _____

Sole Proprietorship? _____ Partnership? _____ Corporation? _____

Phone Number: _____

Alternate Phone Number: _____

FAX 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 _____ Phone Number _____

Name _____ Phone Number _____

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 _____

Authorized Use Only

Today's Date _____ Account Number _____

Accounts Receivable Signature _____

Name Printed _____