

PORT & RESOURCE RECOVERY DEPARTMENT



2561 SOUTH BROADWAY
GREEN BAY, WI 54304

PHONE: (920) 492-4950 FAX: (920) 492-4957

DEAN R. HAEN
DIRECTOR

CREDIT APPLICATION/AGREEMENT

DATE: _____

LEGAL COMPANY NAME (for billing):

COMPANY NAME

PHONE NUMBER

ADDRESS

FAX NUMBER

CITY / STATE/ ZIP

EMAIL ADDRESS

NUMBER OF YEARS IN BUSINESS: _____
(Minimum of one year)

OWNERSHIP: Proprietorship
 Partnership
 Corporation (Please SIGN Personal Guarantee Section)

OWNER'S NAME: (No application will be processed without the signature of authorized individuals.)

NAME

TITLE

ADDRESS

CITY / STATE / ZIP

NAME / ADDRESS OF ALL PARTNERS OR REGISTERED AGENTS:

NAME

TITLE

ADDRESS

CITY / STATE / ZIP

NAME

TITLE

ADDRESS

CITY / STATE / ZIP

CREDIT REFERENCE: (Vendors you currently have charge accounts with)

❖ List at least 3 vendors - credit card companies do not qualify.

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____ / FAX NUMBER _____

CITY / STATE / ZIP _____

ACCOUNT NO. _____

EMAIL _____

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____ / FAX NUMBER _____

CITY / STATE / ZIP _____

ACCOUNT NO. _____

EMAIL _____

COMPANY NAME _____

ADDRESS _____

PHONE NUMBER _____ / FAX NUMBER _____

CITY / STATE / ZIP _____

ACCOUNT NO. _____

EMAIL _____

I, _____ hereby authorize the release of any and all pertinent credit information from the above listed reference(s) to the Brown County Port & Resource Recovery Department, by my signature below.

SIGNATURE

DATE

PAYMENT POLICY AND TERMS:

Credit will be extended only to accounts which have a good credit rating as determined by the County. Brown County reserves the right to withdraw privileges at any time. Statements will be sent monthly covering the charges incurred and payments received during the previous month. A 1% per month finance charge will be charged to accounts delinquent over 30 days, landfill use privileges will be suspended for those over 60 days, and not reinstated until paid in full. (The date of receiving the statement is used to determine delinquent status.)

I agree to the above payment policy and terms.

SIGNATURE

DATE

PERSONAL GUARANTEE:

I, _____, an officer of _____ personally guarantee to make payment obligations under this agreement which may be incurred by _____, a corporation.

SIGNATURE

DATE