

COUNTY OF GREENE
P.O. BOX 358
STANARDSVILLE, VA 22973
(434)985-5215
(434)985-5219 (fax)
APPLICATION FOR CREDIT

Name of Applicant: _____

Address: _____

City, State, Zip: _____

Telephone Number: (____) _____ Fax: (____) _____

Social Security Number/Federal ID Number: _____

____ Corporation: Name of Principal Officers: _____

Registered Agent: _____

____ Partnership: Name of Partners _____

____ Individual/Sole Proprietor: _____

Customer References:

Bank: Name _____

Telephone Number _____

Account Number _____

Trade: Name _____

Address _____

Telephone _____

Name _____

Address _____

Telephone Number _____

Specify special billing requirements (Purchase orders, persons authorized to charges, etc.):

Accounts are due 30 days from the date of invoice. Any account 60 days or older will be assessed service charges of 1 1/2% per month. Accounts 60 days past due may be denied credit privileges until balance has been paid including all service charges. Should account be placed with attorney or collection agency a fee of 25% of the balance will be assessed.

Applicant authorizes County of Greene to contact references listed above to gather credit and financial information.

IN CONSIDERATION OF THE COUNTY OF GREENE EXTENDING OPEN ACCOUNT CREDIT, THE ABOVE TERMS AND CONDITIONS ARE HEREBY AGREED TO AND THE UNDERSIGNED PERSONALLY GUARANTEES THE APPLICANT'S CREDIT.

APPLICANT _____

TITLE _____

SPOUSE/PARTNER _____

DATE _____

VEHICLE IDENTIFICATION FORM

In order to efficiently process vehicles at the scale house, we will issue vehicles an identification number. This number will be attached to the vehicles front bumper on the right hand side. Upon completing this form, we will send out your vehicle(s) identification number sticker.

Company Name: _____

Number of vehicles to be registered: _____

Vehicles Identification and/or Description eg. pick-up, compactor, etc.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Please return this form in the enclosed envelope.