



Customer/Credit Application Package

This application package contains the following:

- ✓ Customer Application
- ✓ Customer Vehicle Registration (CVR) Application
- ✓ Policy and Procedures Statement
- ✓ Credit Authorization to Release Information

FOR MONT. CO. USE ONLY
Date Received:
Customer #:
CVR#(s):
Entered by:
Approved by:

Directions:

The *Customer/Credit Application Package* must be completely filled out and all requested documents must be submitted to the Office of the Treasurer of Montgomery County for consideration.

The person signing the application must initial all pages of the application package (*located in the lower left hand corner of each page*).

The original *Customer/Credit Application Package* must be returned. The mailing address is Montgomery County Treasurer's Office Attn: Solid Waste PO Box 1500 Fonda, NY 12068.

Please read all related policies, procedures, and information located on our website at www.co.montgomery.ny.us. Hard copies of all related policies, procedures, and information are available upon request.

Failure to satisfactorily complete any part of the application, including initialing the bottom of each page, may result in processing delays.

Please note the Creditor's Certification on page 4 must be notarized.

You will be notified within 45 days of receipt of your application as to your credit determination. Once you receive your CVR cards, you may use the Montgomery County transfer stations on a cash/check only basis until you receive your *Notice of Determination of Credit Limit*.



Customer/Credit Application

Legal Name of Business (as shown on your income tax return)		Legal Address (Street, City, State, Zip Code)	
Business Name, if different from above		Billing Address, if different from above (Street, City, State, Zip Code)	
Federal Identification #	Telephone #	Fax #	E-mail Address
Name of Contact Person	Type of Business		Years in Business

Check the appropriate box: Individual/Sole Proprietor Corporation Partnership Other _____

For Corporation, list all Company Officers and Directors:

Name	Title	Years Held
a.		
b.		
c.		
d.		
e.		

List all the name(s) of the company(s) in which any of the partners or corporate officers identified in this application have previously operated or been affiliated with that have transported, collected, treated, disposed, processed, or recycled solid waste in the previous five (5) years:



Customer/Credit Application (cont'd)

Credit Limit Information

Credit Limit Requested: \$ _____ Current Credit Limit: \$ _____

Trade References

Please list trade references that are currently extending credit:

Name of Company	Contact Person	Account #	Telephone #	Fax #
1.				
2.				
3				

Bank References

Name of Bank	Bank Address	Contact Person	Telephone #	Checking Acct. #
1.				

Montgomery County reserves the right to request additional information, including but not limited to audited financial statements and/or tax returns, pending review of this application.

Personal Guarantee

I/We hereby personally guarantee payment of any sums of money due under this agreement. (If this is an application made on behalf of a corporation, the signature below must be of a corporate officer.)

Print Name of Authorized Officer

Title

Authorized Signature

Date

Initial _____



Creditor's Certification

The undersigned certify the following:

1. I/We have applied for credit from Montgomery County. In applying for credit, I/We have completed the credit application containing information on credit and accounts. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the credit application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that Montgomery County reserves the right to request and obtain verification of the information provided on, or required by, the credit application with the undersigned's vendors, financial institutions, or any other source.
3. I/We fully understand that under Penal Law Section 210.40, it is a crime, punishable as a class "E" felony under the laws of the State of New York, for a person to knowingly, with intent, in and by a written instrument as a false statement to mislead a public servant in the performance of his official function.
4. This document is not a commitment by Montgomery County to give the undersigned credit. I/We are not entitled to rely upon any oral statements or commitments made by any employee. Montgomery County's commitment, if any, to give credit must be by separate written document (entitled "Notice of Determination of Credit Limit") which may be subject to such conditions as Montgomery County deems prudent.
5. In the event of any dispute regarding this account, including but not limited to failure to pay a bill when due, I/We agree to waive my/our rights to a trial by jury. I/We agree that a lawsuit may be commenced by certified mail, return receipt requested at the address listed on this application, and that a service of summons and/or complaint by such method shall constitute good and proper service of process, or any other lawful means. In the event that legal action is required, I/We agree that Montgomery County is entitled to collect all court costs and reasonable attorney's fees and expenses.
6. Montgomery County will not be responsible for lost or stolen customer cards. If a card is lost or stolen, please notify the Montgomery County Treasurer's Office immediately for replacement cards.
7. By affixing my signature hereto, I hereby attest that I am the owner, or a responsible officer of the corporate owner of the entity executing this application, and that I am authorized to execute such application; I am familiar with the Rules and Regulations of Montgomery County as they pertain to their solid waste facilities.

Print Name and Title of Authorized Officer

Authorized Signature

Notary

Date

Initial_____



Customer Vehicle Registration (CVR)

Customer Name: _____	FOR MONTGOMERY COUNTY USE ONLY
	Customer #: _____

For Montgomery County use: _____ License Plate #: _____

Year: _____ Make: _____ Color: _____

Type of Vehicle: () Packer () Closed () Roll-Off () Pickup () Other _____

For Montgomery County use: _____ License Plate #: _____

Year: _____ Make: _____ Color: _____

Type of Vehicle: () Packer () Closed () Roll-Off () Pickup () Other _____

For Montgomery County use: _____ License Plate #: _____

Year: _____ Make: _____ Color: _____

Type of Vehicle: () Packer () Closed () Roll-Off () Pickup () Other _____

For Montgomery County use: _____ License Plate #: _____

Year: _____ Make: _____ Color: _____

Type of Vehicle: () Packer () Closed () Roll-Off () Pickup () Other _____

Initial _____



Policy and Procedures Statement

I certify that I have read and understand the following policies, procedures, and information:
(Available on our website – www.co.montgomery.ny.us. Hard copies of all related policies, procedures, and information are available upon request.)

- ✓ **Credit Limit Policy**
- ✓ **Returned Check Policy**
- ✓ **Procedure Manual**
- ✓ **Rate Schedule**

Print Name of Authorized Officer

Title

Authorized Signature

Date



**MONTGOMERY
C O U N T Y NY**

Made of Something Stronger

Treasurer's Office

Shawn J. Bowerman
County Treasurer

Credit Authorization to Release Information

To Whom It May Concern:

1. I/We have applied for credit from Montgomery County. As part of the application process, Montgomery County may verify information contained in my/our credit application and in other documents as required.
2. I/We authorize you to provide to Montgomery County any and all information and documentation that they request. Such information includes but is not limited to bank information, account balances, and credit history.
3. Montgomery County may address this authorization to any party named in the credit application, along with a credit bureau.
4. I/We agree to hold you and Montgomery County harmless from any and all liability which may result from the transmission of any information provided hereunder.
5. A copy of this authorization may be accepted as original.
6. Your prompt reply to Montgomery County is appreciated.

Name of Business

Social Security/Federal ID #

Print Name of Authorized Officer

Title

Authorized Signature

Date

