



**COUNTY OF MARIPOSA
PUBLIC WORKS DEPARTMENT
Solid Waste and Recycling Division**

4639 Ben Hur Road
Mariposa, CA 95338
(209) 966-5165
FAX (209) 966-7453

BUSINESS ACCOUNT APPLICATION

APPLICANT INFORMATION:

NAME OF BUSINESS _____

BUSINESS LICENSE NUMBER _____ FEDERAL TAX ID NUMBER _____

PRIMARY CONTACT _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ ALTERNATE PHONE # _____ FAX _____ E-MAIL _____

CREDIT REFERENCES: PROVIDE TWO CREDIT REFERENCES ALONG WITH THIS APPLICATION

ESTIMATED MONTHLY TONNAGE

LESS THAN 1/2 TON _____ 1/2 TON TO 1 TON _____ GREATER THAN 1 TON _____

ESTIMATED NUMBER OF LOADS/WEEK _____

TRUCK MAKE AND MODEL AND HAULING CAPACITY _____

AUTHORIZED SIGNATURE: The undersigned agrees that the waste contains no hazardous or asbestos-containing materials and that the load may be subject to inspection and approval before disposal. The undersigned also agrees to the following terms of payment: payment terms are net 30; a penalty of 10% will be charged on accounts 60 days past due with 1% added for each additional 30 days delinquent; credit may be revoked after ninety days past due. There will be a \$25 setup fee for new accounts to be paid with application and a \$10 annual renewal fee due January 1st of each year.

SIGNATURE OF PRIMARY CONTACT _____ DATE _____

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

APPROVED: YES NO (Reason not approved: _____)

AUTHORIZED SIGNATURE: _____ DATE: _____