**Landfill of North Iowa**

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Date business commenced |  |
| Contact Name & Title |  | Sole proprietorship  Corporation | |
| E-mail |  | Partnership  Other | |
| Phone / Fax |  |  | |
| Registered AddressCity, State ZIP Code |  | | |

# Billing AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Tax ID & State |  | Bank name: |  |
| Billing addressCity, State ZIP Code |  | Primary addressCity, State ZIP Code |  |
| Phone |  | Phone |  |
| Fax |  | Account number |  |
| E-mail |  | Type of account | Savings  Checking  Other |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |
| Company name |  | Phone |  |
| Address |  | Fax |  |
| City, State ZIP Code |  | E-mail |  |
| Type of account |  | Other |  |

# agreement and Signatures

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Landfill of North Iowa to make inquiries into the banking and business/trade references listed.

# SIGNATURES

|  |  |
| --- | --- |
| Signature |  |
| Name & Title |  |
| Date |  |



**Phone**: Kathy Paulson 641-357-5452 Ext 13

**Fax**: 641-357-3283

**E-mail**: [accounting@landfillnorthiowa.org](mailto:accounting@landfillnorthiowa.org)

**Address:** 15942 Killdeer Ave, Clear Lake IA 50428