

County of Lexington Application for Credit

Mail application with non-refundable \$25 check payable to "County of Lexington" to:

Department of Solid Waste Management
498 Landfill Lane, Lexington, South Carolina 29073
Telephone (803) 755-3325 * Fax (803) 755-3833

1. Company Information

Full Legal Name / Business Entity		Telephone #		Fax #
Doing Business As (DBA)				
Billing Address	City		State	Zip
Business Type: (mark one) Sole Ownership ☐		Partnership ☐	Corporation ☐	Parent Company ☐
No. of Employees	Year Business Established	Type of Business		Type of Waste Hauled
Federal Tax ID	Accounts Payable Contact	Telephone #	Fax #	Email Address

2. Owner / Officer Information

Full Name (including middle initial)	Title			Social Security #	
Home Address	City	State	Zip	Telephone-Business	Telephone-Home
Full Name (including middle initial)	Title			Social Security #	
Home Address	City	State	Zip	Telephone-Business	Telephone-Home

3. Bank Reference

Bank Name	Account Name	Telephone # and Contact
-----------	--------------	-------------------------

4. Trade Credit References

Company Name		Contact			
Address		City		State	Zip
Company Name		Contact			
Address		City		State	Zip
Company Name		Contact			
Address		City		State	Zip

I (we) hereby apply for credit and affirm financial responsibility, ability, and willingness to pay invoices in accordance with Solid Waste Management's terms. The information provided is warranted true and complete. I (we) hereby authorize you to verify and collect information on us, including but not limited to bank and trade credit references, consumer and/or commercial credit reports. I (we) also certify that the business will transport solid waste generated in Lexington County only and NO HAZARDOUS WASTE will be transported to the Edmund Landfill in our vehicles.

I (we) understand a landfill ticket will be issued at the time of service. Invoices will be created during the first week of each month, listing the previous month's landfill transactions. Invoices must be paid in full. All accounts are due upon receipt and considered delinquent if not paid by the 25th of the month. Late fees are assessed a 1.5% fee per month and will not be removed once applied to your account.

Authorized Signature: _____ Title: _____ Date: _____