SWDA

Magnolia Landfill 15093 Landfill Drive

MacBride Landfill 26941 McBride Road

Eastfork Landfill

29751 Eastfork Landfill Road

Bay Minette Transfer Station

Phone: 251-972-6878 Fax: 251-580-2582	Summerdale, AL 3658 Phone: 251-972-8574		Loxley, AL 36551 Phone: 251-972-8508		Elberta, AL, 36530 Phone: 251-972-8553		Bay Minette, AL 36507 Phone: 251-580-1898	
		Phone	Phone		Fax			
Billing Address			City		State	Zip Code		
Physical Address			City		State	Zip Code		
Business Owner/President		Phone	Cellu	lar	E-Mail			
Accounts Payable Contact		Phone	Cellular		E-Mail			
TAX ID:			Date Busines	ss Started: (mr	m/yy)			
Estimated Disposal Material Generated: TONS/YEAR								
Type of Disposal M	aterial Being Transport	ed:						
Are you currently,	or have you in the past,	, done busine	ss with SWDA	? Yes	No			
further authorized	hat I am authorized to to commit the above n e Baldwin County Com 1.	oted firm to p	oay all costs as	sociated with	disposal of said	materials.	It is further	
Signature: Date:								
	at no Hazardous Waste s identified after dispos	_						
	DO NO	T WRITE BEL	OW THIS LINE	/ OFFICE USE	ONLY			
Approved by Date Terri Graham, CEO								
Account Num	ber Credit	: Limit	Date (Opened		Opened by	y	

Trade References: (No Financial Institutions or Credit Card Companies)

Company Name:	Contact:
Address	City State Zip
Phone Number:	Fax/Email:
Company Name:	Contact:
Address	City State Zip
Phone Number:	Fax/Email:
Company Name:	Contact:
Address	City State Zip
Phone Number:	Fax/Email:
Billing is once monthly & E-Invoicing is available. This account requ	gires payments (checks) to be mailed to 15093 Landfill Drive.

Billing is once monthly & E-Invoicing is available. This account requires payments (checks) to be mailed to 15093 Landfill Drive, Summerdale, AL 36580. No online payments or Credit Card payments can be accepted. ACH is available.

If credit is granted, I/we promise to pay bills when rendered. I/we understand all invoices are payable 15 days from receipt of invoice. In the even payment is not made and my/our account is referred to a collection agency or attorney, I/we will pay cost of collection. If legal action is required, I/we will pay reasonable attorney's fees resulting from such action. I/we authorize the above listed trade references to release to SWDA any credit or financial information that SWDA may request. I/we acknowledge that the extension of credit will be at the sole discretion of SWDA.

<u>Commercial Account Late Fees:</u> Payment is due by the 5th of each month. A two percent (2%) late fee with a minimum late fee of \$10.00 will be imposed on all commercial charge accounts that payment is not received by the 15th of the month.

Return Check Policy: An NSF fee of \$30.00 will be added to your account on all return checks.

Terminating Account: The customer is responsible for notifying SWDA to close their account.

Please Describe Your Vehicle(s):

DRIVER	VEHICLE NUMBER	MAKE OF VEHICLE	LICENSE NUMBER

*SWDA requests that your company name, as referenced on this application, be displayed on your vehicles and/or
trailers to ensure charges are posted to account correctly. The driver of unmarked or unidentified vehicles may be asked
to produce ID and be authorized, prior to dumping/disposal, to charge on account. For drivers not identified on this
form, we will require written notification from your account contact prior to disposal. Initial

Date: _____

CREDIT AUTHORIZATION CERTIFICATE

	lersigned Applicant has applied for a charge account with SWDA Baldwin County. This letter authorizes o take all necessary steps to review Applicant's credit, including without limitation the following:
Α. (Order a credit report on Applicant from any Credit Reporting Agency;
	Verify and re-verify, in the sole discretion of SWDA, bank accounts listed on Applicant's credit application or otherwise discovered by SWDA;
	Verify and re-verify, in the sole discretion of SWDA, business licenses held by Applicant and issued by applicable licensing departments of city, county, and state agencies; and
â	Obtain any information from any source SWDA deems necessary in processing Applicant's credit application or in monitoring credit activities after Applicant's credit application has been processed and approved. Applicant agrees to cooperate fully in any and all credit monitoring by SWDA.
- -	iks, creditors, agencies, departments or other entities are authorized to accept a photocopy or facsimile this letter to release information to SWDA and any Credit Reporting Agency operating on behalf of SWDA
Applicar	nt Signature
Applicar	nt Name (Please Print)
 Applicar	nt Company Name (Please Print)