

CREDIT APPLICATION

MAYSVILLE-MASON COUNTY LANDFILL
7055 Sherman Clarkson Road
Maysville, KY 41056
606-564-7049
606-759-0471 Fax

Date: _____

Applicant/Business Name: _____

Principal Owner(s) or Corporate Officers: _____

Contact Person: _____

Purchase Orders

Invoices

Accounts Payable

Mailing Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Fax: _____ Cell: _____

E-Mail Address: _____

Type of Business:

Sole Proprietor Partnership Corporation Other: _____

Please Describe

Date Business Established: _____

REFERENCES:

Bank Reference:

Name of Bank: _____

Phone Number: _____

Address: _____

City: _____ State _____ Zip _____

Trade References: (a minimum of three (3) are required)

1) Name of Business: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Fax: _____

2) Name of Business: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Fax: _____

3) Name of Business: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Fax: _____

The Credit Application information is requested for the purpose of completing a business background check for said company to establish a charge account with the Mason County Landfill. I hereby certify the information to be true and correct.

Printed Name

Signature

Title

Date