

LANDFILL CHARGE ACCOUNT APPLICATION

Please complete the following information for a Landfill Charge Account and return to City of Plainview, ATTN: Accounting Department, 202 W 5th Street, Plainview, TX 79072. (Allow at least 7 days for establishing a new account)

Name of Company/Customer: _____

Federal ID Number/Social Security Number: _____

Name of Owner(s): _____

Physical Address: _____

Mailing Address: _____

Phone Number(s): _____

Fax Number(s): _____

Bank Reference (Name, Address and Phone Number):

List Three (3) Trade References (Name, Address, Phone Number and Fax Number)

Names of Authorized Signatures (PLEASE PRINT OR TYPE):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Print Name of Person Authorizing above Signature(s): _____

Signature of Person Authorizing above Signature(s): _____

Position/Title: _____ Date: _____

(NOTE: You are responsible for notifying the City of Plainview Accounting Department when any of the above information changes by completing a new form or providing the new information on company letterhead.)

OFFICE USE ONLY:	Customer #	Date Account Setup
_____	_____	_____
