

THE COUNTY OF SANTA BARBARA
Public Works - Solid Waste Management
P.O. Box 90942 Santa Barbara, CA. 93190-0942
Phone: (805) 568-3129 FAX: (805) 882-3612

CREDIT APPLICATION

Business Name: _____

Applicants Name: _____ Tax ID or SSN #: _____

Type of Business: _____ Estimated Monthly Charges: _____

Business Address: _____

Mailing Address: _____

Phone Number: (_____) _____ FAX #: (_____) _____

E-Mail _____

Company Officers:

President: _____ VP/Partner: _____

Secretary: _____ Bookkeeper: _____

References:

Bank: _____

Please list three additional **local business** references. Include their address, zip code, phone and **fax number**, and contact person.

1. _____

2. _____

3. _____

The undersigned hereby acknowledges that the credit to be extended will be accumulated over a period of one month and that payment of such charges will be due and payable within **ten days** following the receipt of a monthly statement and agrees to pay finance charges of 1.5% per month on any unpaid balance beyond the due date. It is also agreed, that in the event of default and the balance due is referred to an attorney or collection agency for collection, the above named company is responsible for reasonable attorney's fees and costs of collection.

I hereby certify the information given to obtain credit, and that I have carefully read this application and that it is complete, true and correct to the best of my belief and knowledge. I authorize those listed as credit references to release credit information requested by the County of Santa Barbara.

SIGNATURE: _____ **DATE:** _____

THIS SPACE FOR COUNTY USE ONLY

Del Acct: _____ Del Coll: _____ NSF Ck: _____ NSF Coll: _____ NSF List: _____

Checked By: _____ Date: _____

Reviewed By: _____ Date: _____

Approved By: _____ Date: _____

Comments: _____

_____ Credit Limit: _____

CREDIT APPLICATION
Bank Reference

Title on Account: _____ Authorized Signer: _____

Bank Name: _____ Phone: # _(_____)_____

Bank Address: _____ FAX #: _(_____)_____

Account Numbers: Checking _____ Savings _____

Other Accounts: _____

This is an authorization to release full customer history to the County of Santa Barbara Public Works Accounting Department as part of their review of my application for credit at the County Transfer Station and Landfills.

SIGNATURE: _____ **DATE:** _____

**Please complete and sign the top portion of this form
and send it directly to your bank.**

| FOR BANK USE | | | |
|--------------------------------------|--------------------|------------------------|------------------------|
| Account Number | Date Opened | Average Balance | Current Balance |
| | | | |
| | | | |
| | | | |
| Comments: | | | |
| | | | |
| | | | |
| Bank Officer Signature: _____ | | | |
| Title: _____ | | Date: _____ | |

Please complete the above form and include any information you deem appropriate and fax or mail as indicated below. Thank you for your cooperation.

FAX:
(805) 882-3612
COUNTY OF SANTA BARBARA
Public Works Accounting
Attn: Accounting

MAIL:
COUNTY OF SANTA BARBARA
Public Works - Solid Waste Accounting
P.O. Box 90942
Santa Barbara, CA. 93190-0942