



# SALT RIVER LANDFILL

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY  
13602 N. Beeline Highway/SR 87 Phone: (480)941-3427  
Scottsdale, AZ 85256 Fax: (480)949-4261

## APPLICATION FOR CREDIT

APPLICATION NEEDS TO BE COMPLETED IN FULL TO BE CONSIDERED FOR CREDIT ACCOUNT.  
PLEASE ALLOW 2 WEEKS FOR PROCESSING.

( ) - ( ) -  
NAME OF BUSINESS OR DBA PHONE # FAX#

NAME OF PARENT COMPANY(IF SUBSIDIARY)

BILLING ADDRESS CITY STATE ZIP CODE

BUSINESS ADDRESS(ACTUAL LOCATION) CITY STATE ZIP CODE

TYPE OF BUSINESS YEAR ESTABLISHED FEDERAL ID#

BUSINESS OPERATED AS: CORPORATION \_\_\_ PROPRIETORSHIP \_\_\_ PARTNERSHIP \_\_\_

OFFICERS: PRESIDENT \_\_\_\_\_ VICE PRESIDENT \_\_\_\_\_

SECRETARY \_\_\_\_\_ TREASURER \_\_\_\_\_

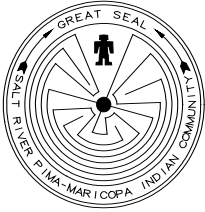
PARTNERSHIP OR SOLE PROPRIETORSHIP:  
PARTNERS OR SOLE PROPRIETOR (FIRST NAME-INITIAL-LAST NAME) SOCIAL SECURITY#

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

CONTACT PERSON - ACCOUNTS PAYABLE PHONE# FAX# EMAIL

CONTACT PERSON - OPERATIONS MANAGER PHONE# FAX# EMAIL

CONTRACTOR'S STATE LICENSE NUMBER BUSINESS LICENSE NUMBER



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BONDING COMPANY NAME AMOUNT OF BOND

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BONDING COMPANY AGENT'S NAME PHONE #

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ADDRESS CITY STATE ZIP

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PRINCIPLE BANK NAME ADDRESS ACCOUNT#

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CONTACT NAME PHONE#

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TRADE REFERENCES  
BUSINESS NAME CONTACT PERSON EMAIL PHONE# FAX# ACCOUNT#

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

PROJECTED MONTHLY WASTE TONNAGE \_\_\_\_\_

DESCRIPTION OF WASTE \_\_\_\_\_

ARE THERE OR HAVE THERE BEEN ANY JUDGEMENTS, BANKRUPTCY, GARNISHMENTS OR OTHER LEGAL PROCEEDINGS AGAINST YOU? (IF NONE, PLEASE STATE "NONE". IF ANY, GIVE PARTICULARS)

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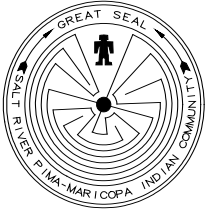
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## TERM AND CONDITIONS

SALT RIVER LANDFILL PREPARES INVOICES ON A MONTHLY BASIS. INVOICES INCLUDE A DETAILED LISTING OF ALL INDIVIDUAL TRANSACTIONS. INVOICES ARE MAILED APPROXIMATELY 10 DAYS AFTER THE END OF THE MONTH AND ARE DUE UPON RECEIPT OF INVOICE.

THE UNDERSIGNED AGREES THAT IF CREDIT IS EXTENDED BY SALT RIVER LANDFILL THAT PAYMENTS WILL BE MADE BY THE 45<sup>TH</sup> DAY OF INVOICE DATE. ON THE 46<sup>TH</sup> DAY A 1.5% SERVICE CHARGE MAY BE ADDED TO YOUR DELINQUENT ACCOUNT.



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IN THE EVENT THAT IT BECOMES NECESSARY TO ENGAGE LEGAL ASSISTANCE TO COLLECT A DELINQUENT ACCOUNT, THE UNDERSIGNED AGREES TO PAY ALL COSTS OF COLLECTION PLUS REASONABLE ATTORNEYS FEES.

I/WE HEREBY AUTHORIZE ANY INSTITUTION TO RELEASE CREDIT INFORMATION CONCERNING MY BUSINESS TO THE SALT RIVER LANDFILL TO DISCLOSE FACTUAL INFORMATION REGARDING RECORD OF PAYMENT.

EACH PERSON UNDERSIGNED, INDIVIDUALLY, AND JOINTLY PERSONALLY GUARANTEES PAYMENT WHEN DUE PER TERMS, FROM THE ABOVE-IDENTIFIED BUSINESS TO THE SALT RIVER LANDFILL BEING GIVEN THIS CREDIT EXTENSION AND PERSONAL GUARANTY.

NAME OF ACCOUNT \_\_\_\_\_  
BUSINESS NAME \_\_\_\_\_

APPLICANTS NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANTS NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NEW APPLICATIONS REQUIRE A DEPOSIT OF MONTHLY ESTIMATED BILLING AMOUNT. (ESTIMATED TONNAGE X TIPPING FEE). MINIMUM DEPOSIT **50 TONS**. DEPOSIT SETS ACCOUNT LIMIT.

DEPOSITS MUST BE MAILED WITH ORIGINAL APPLICATION. DEPOSITS WILL BE RETAINED BY SALT RIVER LANDFILL FOR 3 MONTHS AND THEN CAN BE APPLIED TO YOUR ACCOUNT IF ACCOUNT IS IN GOOD STANDING.

## FOR CREDIT DEPARTMENT USE ONLY

DEPOSIT AMOUNT ENCLOSED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

FIRM NAME	OPENING DATE	HIGH CREDIT	PAYMENTS	BALANCE	RATED

SALT RIVER LANDFILL ACCOUNT # \_\_\_\_\_

QUOTED TIPPING FEE \_\_\_\_\_

APPLICATION APPROVED BY CFO: \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION APPROVED BY CEO: \_\_\_\_\_ DATE: \_\_\_\_\_