LANDFILL CREDIT ACCOUNT APPLICATION

SWDA Baldwin County Phone: 251-972-6878 Fax: 251-580-2582	**Magnolia Landfill** 15093 Landfill Drive Summerdale, AL 36580 Phone: 251-972-8574	**MacBride Landfill** 26941 McBride Road Loxley, AL 36551 Phone: 251-972-8508	**Eastfork Landfill** 29751 Eastfork Landfill Road Elberta, AL, 36530 Phone: 251-972-8553	**Bay Minette Transfer Station** 43205 Nicholsville Road Bay Minette, AL 36507 Phone: 251-580-1898

Customer Name	Phone	Fax

Billing Address	City	State	Zip Code
Physical Address	City	State	Zip Code

Business Owner/President	Phone	Cellular	E-Mail
Accounts Payable Contact	Phone	Cellular	E-Mail

TAX ID: _____ Date Business Started: (mm/yy) _____

Estimated Disposal Material Generated: _____ TONS/YEAR

Type of Disposal Material Being Transported: _____

Are you currently, or have you in the past, done business with SWDA? ☐ Yes ☐ No _____ _____

I do hereby state, that I am authorized to arrange for the handling and disposal of the above referenced materials. I am further authorized to commit the above noted firm to pay all costs associated with disposal of said materials. It is further understood that the Baldwin County Commission establishes Rates & Fees, these are outlined by BCC Resolution 2022-023 and BCC Policy #7.4.

Signature: _____ Date: _____

**I hereby certify that no Hazardous Waste will be brought to any SWDA Facility and in the event Hazardous Waste, as defined by ADEM, is identified after disposal, remediation costs and penalties shall be imposed to the account holder.*

DO NOT WRITE BELOW THIS LINE / OFFICE USE ONLY

Approved by _____ **Date**_____

Terri Graham, CEO

Account Number	Credit Limit	Date Opened	Opened by

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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 requires payments to be mailed to 15093 Landfill Drive, Summerdale, AL 36580. Online payments via Credit Card with a 3.5% fee can be accepted at https://baal.weighstation.com. 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 event 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.

Commercial Account Late Fees: 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 _____

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CREDIT AUTHORIZATION CERTIFICATE

Date: _____

The undersigned Applicant has applied for a charge account with SWDA Baldwin County. There is a $60 fee to apply for credit. This letter authorizes SWDA to take all necessary steps to review Applicant's credit, including without limitation the following:

A. Order a credit report on Applicant from any Credit Reporting Agency;

B. Verify and re-verify, in the sole discretion of SWDA, bank accounts listed on Applicant's credit application or otherwise discovered by SWDA;

C. 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

D. 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.

Any banks, creditors, agencies, departments or other entities are authorized to accept a photocopy or facsimile copy of this letter to release information to SWDA and any Credit Reporting Agency operating on behalf of SWDA.

_____

Applicant Signature

_____

Applicant Name (Please Print)

_____

Applicant Company Name (Please Print)