Putnam County Solid Waste Department
Director – Brian Reed Assistant Director – Coty Gardner
1846 S. Jefferson Ave. Cookeville, 1N. 38506 Phone: 931-528-3884 Fax: 931-520-3428
Email: vicky.walraven@putnamcountytn.gov

Application for Credit Transfer Station / Landfill

Company Name_____

Company Address_____

Mailing Address If Different_____

Owner of Company_____

Driver's License Number_____

Email Address_____

Phone Number_____
Cell Phone Number _____

Social Security Number_____

Is this applicant a corporation? If yes, state the name of the Corporation and State.

Corporation Name_____ State_____

Federal Tax ID# Officer's Name_____

Accounts Payable Contact_____
Phone Number_____
Email Address_____

Name Three (3) Business Credit References

Name	Complete Address	Daytime Phone Number
Name	Complete Address	Daytime Phone Number
Name	Complete Address	Daytime Phone Number

CREDIT TERMS AND CONDITIONS

___ All accounts are due and payable upon receipt of statement.

___ All accounts are billed monthly. Any account over thirty (30) days past due will be subject to a 1.5% late fee.

___ Any account sixty (60) days past due becomes delinquent. All delinquent accounts will be refused services at the Putnam County Solid Waste Department.

___ No account on credit shall exceed five thousand dollars ($5,000.00) unless otherwise approved by the Director or Assistant Director.

___ Any account more than (60) days past due will be turned over to collections immediately.

___ Any delinquent account turned over for collection will no longer be extended credit There will be up to a 50% collection fee added to the unpaid balance by the collection agency, as well as attorney fees and any other applicable fees.

___ All future tickets must be paid for in CASH ONLY at the time of services.

___ Any questionable charge should be directed to the billing department 931-520-7818.

___ Agree that a new application may be required if the account remains inactive for more than one (1) year.

___ No out-of-county waste will be accepted at the Transfer Station or landfill.

___ Putnam County Solid Waste Department reserves the right to change conditions without prior notice.

A COPY OF THE OWNERS DRIVERS' LICENCE MUST ACCOMPANY TIDS APPLICATION.

1. We certify that all information in the application is true and correct. We fully understand the credit terms and agree to proper payment in consideration of extended credit. In the event this account is turned over to a collection agency, the collection agency fees (up to 50%), attorney fees, court costs, and any other applicable fees will be in addition to the charges owed to the Putnam County Solid Waste Department. Any account over sixty (60) days past due will not be allowed to dump and will be turned over to the collection agency.

2. We authorize Putnam County solid Waste Department to obtain reports to be used in connection with this application, and to obtain further credit information from any of the persons or firms set forth in this application and from any other source now or at any time it deems necessary to update its credit files.

3. I hereby certify that the above information is true and correct, and I agree to pay my account according to the terms and conditions provided in this application. I further certify that I am making the foregoing application on behalf of the company listed at the top of this application. I certify that I am authorized to execute the foregoing document on behalf of the company, corporation, partnership, limited liability company, or sole proprietorship listed at the top of this application and have signed in my capacity as an individual authorized to bind the customer listed at the top of this application.

4. As part of the foregoing application, customer is required and agrees to provide Putnam County with an Irrevocable Letter of Credit from customer's financial institution to guarantee the payment of all charges incurred by the customer. The amount of said Irrevocable Letter of Credit shall be determined at the reasonable discretion of the Director or Assistant Director.

Customer Signature Date

Office Use Only -Please Do Not Write in Space Below

Credit Approved by Date Credit Denied by Date