

CREDIT APPLICATION

MASON COUNTY FISCAL COURT

221 Stanley Reed Court

Maysville, KY 41056

606-564-6706

606-564-7315 Fax

Date: _____

Applicant/Business Name: _____

Principal Owner(s) or Corporate Officers: _____

Contact Person: _____

Purchase Orders

Invoices

Accounts Payable

Mailing Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Fax: _____ Cell: _____

E-Mail Address: _____

Type of Business:

___ Sole Proprietor ___ Partnership ___ Corporation ___ Other: _____

Please Describe

Date Business Established: _____

Federal Tax I. D./Social Security # _____

REFERENCES:

Bank Reference:

Name of Bank: _____

Contact Person: _____ E-Mail Address: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Business Phone: _____ Fax: _____

Trade References: (a minimum of three (3) are required)

- 1) Name of Business: _____
Contact Person: _____ Title: _____
Mailing Address: _____
City: _____ State _____ Zip _____
Business Phone: _____ Fax: _____
Account # _____ Account Opened: _____
Amount Outstanding: Current: _____ Past Due: _____
- 2) Name of Business: _____
Contact Person: _____ Title: _____
Mailing Address: _____
City: _____ State _____ Zip _____
Business Phone: _____ Fax: _____
Account # _____ Account Opened: _____
Amount Outstanding: Current: _____ Past Due: _____
- 3) Name of Business: _____
Contact Person: _____ Title: _____
Mailing Address: _____
City: _____ State _____ Zip _____
Business Phone: _____ Fax: _____
Account # _____ Account Opened: _____
Amount Outstanding: Current: _____ Past Due: _____

The Credit Application information is requested for the purpose of completing a business background check for said company to establish a charge account with the Mason County Landfill. I hereby certify the information to be true and correct.

Printed Name

Signature

Title

Date

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RELEASE OF INFORMATION

I, _____ have completed a Credit Application to establish a charge account with the Mason County Fiscal Court for services provided by the Mason County Landfill. I hereby authorize you to release the requested account information, based on my history and experience, to Mason County Fiscal Court.

Applicant/Business: _____

Authorized By:

Printed Name	Signature	Title	Date
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BANK REFERENCE

Has the customer account(s) been in good standing for the past three years?

_____ **Yes**

_____ **No**

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TRADE REFERENCES:

Name of Business: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Account Opened: _____ Customer Account # _____

Terms: _____

Highest Credit Given: _____

Account Balance: Current: \$ _____ Past Due: \$ _____

Payment Record:

_____ Prompt	_____ 60-90 days	_____ C.O.D. Only
_____ 30-60 days	_____ 90-120 days	_____ Placed for Collection

How would you rate this business:

- _____ Excellent - pays account promptly according to terms and conditions
- _____ Good - pays account slow, but steady payer
- _____ Fair - pays account very slow, requires significant effort to collect
- _____ Poor - unsatisfactory in collecting