



CHARGE ACCOUNT APPLICATION

Address: 361 Livestock Road, Rustburg, VA 24588

Email: servicesauthority@region2000.org Phone: (434) 455-6086 Fax: (434) 847-1809

PLEASE READ BEFORE COMPLETING THIS APPLICATION

The Waste Disposal Receipt (the ticket you receive from scale house operator) is **not** your invoice. The Services Authority mails a monthly invoice with a different "remit to" address. Please obtain these Waste Disposal Receipts from your delivery drivers; copies of them are not sent with your invoice. For your convenience, we can make a typed notation on each receipt indicating where the load originated, if your driver informs the cashier on the inbound scale. Should you need a copy of any receipt, we must receive your request in writing by fax or email using the information contained on this application and made to the attention of Felicia West. The following charges apply: receipts less than three months old - \$2.00, receipts more than three months old - \$3.00.

Disposal of separated inert materials is free. Drivers must inform the scale house operator on the inbound scale if they have an inert material load. The load will be inspected and will be free if it qualifies. Inert materials include: dirt, rock, brick, and concrete. Rock and concrete must be in 1' by 1' chunks or smaller to qualify and concrete cannot contain any metal/rebar. Please note: asphalt, metal, concrete with metal/rebar, shingles, dry wall, plaster, and wood are **not** inert.

From time to time, we will check and update our account records. Any charge account customer who has not had activity for at least a year will be deleted from our files. We reserve the right to cancel any account that is continuously delinquent in making payments. Failure to pay your invoices on time results in being denied access to the landfill and not being allowed to dump until the full account payment has posted.

WHEN RETURNING THIS APPLICATION PLEASE USE THE ADDRESS OR EMAIL LISTED ABOVE

Date: _____

Company Name/Address: _____

City, State, Zip _____

Telephone (_____) _____ Email Address: _____

***Billing invoices by mail or email? Please provide address**

Owner Name _____ Driver's License Number _____

Home Address _____ City, State, Zip _____

Telephone (_____) _____ Email _____

Business License Number _____ Contractors License Number _____

*** Following are the three exceptions not requiring a business license number. Circle one if you are:**

- (1) An out of town-based company (2) A non-profit organization (3) A wholesale only manufacturer**

Please provide the following information for (2) Credit References

(1) Name _____ Phone _____ Email _____

(2) Name _____ Phone _____ Email _____

I have read all of the above and authorize a Credit Reference Check

Printed Authorization Name

Signature of Person Authorizing Credit Check

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For Office Use Only

Account Number: _____ | Approved By: _____ | Date: _____