



# TOWN OF COLONIE

Memorial Town Hall  
P.O. Box 508  
Newtonville, NY 12128-0508

Comptroller's Phone: (518) 786-7328

Comptroller's Fax: (518) 783-2877

## SOLID WASTE MANAGEMENT FACILITIES CUSTOMER CREDIT APPLICATION

<b>COMPANY INFORMATION</b>			
Applicant (Company) Name:			Date:
Street Address:	City:	State:	Zip:
Billing Address if different than address listed above:			
Phone Number:	Fax Number:	e-mail address:	
Parent or Subsidiary Company if Applicable:	City:	State:	Zip:
Financial Statement (please attach):	Current Hauler License Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you or the Applicant ever had credit or a charge account with another Landfill located in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please list Landfill Name(s) and location(s): (attach additional sheets as necessary)			
Name:	Location:		
Name:	Location:		
Have you ever used the Town of Colonie Solid Waste Management Facilities under any other Business name other than the one under which you are currently applying? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please list the name(s) of the business(es) and whether or not you held an interest in it, or were an officer or director of the same. (attach additional sheets as necessary)			

### ORGANIZATION PROFILE

Please Check:

Corporation    Partnership    Proprietorship    Municipality    LLC    Other: \_\_\_\_\_

Type of Business:

Taxpayer ID Number:

Date Business Started:

List all names, addresses, and telephone numbers of Owners, Partners, Officers & Directors:  
(Attach additional sheets as necessary)

### REFERENCES

**Bank Name:**

Account Number:

Address:

City:

State:

Zip:

Contact:

Phone Number:

Fax Number:

FOR OFFICE USE:

**Reference (Credit/Other):**

Account Number:

Address:

City:

State:

Zip:

Contact:

Phone Number:

Fax Number:

FOR OFFICE USE:

<b>Reference (Credit/Other):</b>			Account Number:
Address:	City:	State:	Zip:
Contact:	Phone Number:	Fax Number:	
FOR OFFICE USE:			

<b>Reference (Credit/Other):</b>			Account Number:
Address:	City:	State:	Zip:
Contact:	Phone Number:	Fax Number:	
FOR OFFICE USE:			

**TERMS AND CONDITIONS**

The Town of Colonie must be in receipt of payment from the hauler by the 30<sup>th</sup> day of the month following the month of disposal. A 1.5% late fee will be due if current month payment is not received within 30 days of the date billed. Any continued failure to pay amounts billed may require payment be made on a C.O.D. basis (i.e. revocation of credit) and possibly termination of access to the Solid Waste Management Facilities facility. If a collections action or legal action is required by the Town the Applicant will be responsible for those reasonable charges associated with the same.

By my signature I certify that I have authority to sign for the Applicant and I grant permission to the Town to run a credit history on the Applicant. I also certify that the information herein provided is true and accurate and attest to the same under penalty of perjury.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

FOR OFFICE USE:

Application Approved:

Application Denied:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Reason:

Craig Blair, Comptroller