



LA CROSSE COUNTY

# La Crosse County Solid Waste Department BUSINESS ACCOUNT CREDIT APPLICATION



### BUSINESS CONTACT INFORMATION

|                             |              |              |             |
|-----------------------------|--------------|--------------|-------------|
| Contact Name:               |              | Title:       |             |
| Company Name:               |              |              |             |
| Phone:                      | Fax:         | Email:       |             |
| Registered Company Address: |              |              |             |
| City:                       |              | State:       | ZIP Code:   |
| Date Business Commenced:    |              |              |             |
| Sole Proprietorship:        | Partnership: | Corporation: | Tax ID/SSN# |

### BUSINESS AND BANK INFORMATION

|                                 |      |                           |           |
|---------------------------------|------|---------------------------|-----------|
| Primary Business Address:       |      | Years at Current Address? |           |
| City:                           |      | State:                    | ZIP Code: |
| Mailing Address (If Different): |      |                           |           |
| Phone:                          | Fax: | Email:                    |           |
| Bank Name:                      |      | Contact Name:             |           |
| Bank Address:                   |      | Phone:                    | Fax:      |
| City:                           |      | State:                    | ZIP Code: |
| Bank Name:                      |      | Contact Name:             |           |
| Bank Address:                   |      | Phone:                    | Fax:      |
| City:                           |      | State:                    | ZIP Code: |

### BUSINESS/TRADE REFERENCES (YOUR VENDORS) – DO NOT INCLUDE CUSTOMERS, UTILITY COMPANIES, CREDIT CARD COMPANIES, ACCOUNTING FIRMS, BANKS OR CREDIT UNIONS

|                  |      |               |           |
|------------------|------|---------------|-----------|
| Company Name:    |      | Contact Name: |           |
| Address:         |      |               |           |
| City:            |      | State:        | ZIP Code: |
| Phone:           | Fax: | Email:        |           |
| Type of Account: |      |               |           |
| Company Name:    |      | Contact Name: |           |
| Address:         |      |               |           |
| City:            |      | State:        | ZIP Code: |
| Phone:           | Fax: | Email:        |           |
| Type of Account: |      |               |           |
| Company Name:    |      | Contact Name: |           |
| Address:         |      |               |           |
| City:            |      | State:        | ZIP Code: |
| Phone:           | Fax: | Email:        |           |
| Type of Account: |      |               |           |

### AGREEMENT

1. All invoices are to be paid within 30 days from the date of the invoice.
2. By submitting this application, you authorize La Crosse County Solid Waste Department, on behalf of Household Hazardous Materials, to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES:

Signature: \_\_\_\_\_  
 Print Name & Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

### RETURN THIS FORM TO:

Danielle Meiners, Financial Specialist  
 La Crosse County Solid Waste Department 3200  
 Berlin Drive ~ La Crosse, WI 54601 Phone: (608)  
 785-9570 ~ Fax: (608) 785-6160 Email:  
 swfinance@lacrossecounty.org