

# Flathead County Solid Waste District

4098 Hwy 93 North, Kalispell, MT 59901  
Phone 406-758-5913 - Fax 406-758-5918

Business Name: \_\_\_\_\_ FTID#: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Owner: \_\_\_\_\_ SS#: \_\_\_\_\_ -- \_\_\_\_\_ --  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact person: \_\_\_\_\_ Date Business was established: \_\_\_\_\_

## **OPEN ACCOUNT TRADE REFERENCES** (local if possible)

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
\*\*Fax Number: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
\*\*Fax Number: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
\*\*Fax Number: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
\*\*Fax Number: \_\_\_\_\_

## **BANKING REFERENCES**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
How long there? \_\_\_\_\_  
Contact Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
How long there? \_\_\_\_\_  
Contact Name: \_\_\_\_\_

## **\*\*Completed applications only. Reference fax numbers must be provided.\*\***

By signing below I give the Flathead County Solid Waste District permission to investigate my credit history. I also accept personal and corporate responsibility for any debts incurred, and agree to the net 30 terms and any finance charges that may occur due to my inability to pay within the terms of the Flathead County Solid Waste District.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **DISTRICT USE**

Recommend Approve / Deny \_\_\_\_\_

Approve / Deny \_\_\_\_\_ Manager