

Flathead County Solid Waste District

4098 Hwy 93 North, Kalispell, MT 59901
Phone 406-758-5913 - Fax 406-758-5918
trash@flathead.mt.gov

Business Name: _____ FTID#: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Owner: _____ SS#: _____ -- _____ -- _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
E-mail address: _____

Contact person: _____ Date Business was established: _____

OPEN ACCOUNT TRADE REFERENCES (local if possible)

Business Name: _____	Business Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
**Fax Number: _____	**Fax Number: _____
**E-mail: _____	**E-mail: _____

Business Name: _____	Business Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
**Fax Number: _____	**Fax Number: _____
** E-mail: _____	**E-mail: _____

BANKING REFERENCES

Bank Name: _____	Bank Name: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____
How long there? _____	How long there? _____
Contact Name: _____	Contact Name: _____

****Completed applications only. References must include fax numbers
or an E-mail address.****

Incomplete applications will be shredded.

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