Account # _____

Open Date _____

Dougherty County Solid Waste
900 Gaissert Road
Albany, GA 31705
Phone: (229) 302-3222 or (229) 302-3227
Email TPage@DOUGHERTY.GA.US

Legal Name of Business: _____

Street Address: _____

City, State, Zip Code: _____

Business Phone: ( ) _____ Fax: ( ) _____

Email Address: _____

Type of Organization ( ) Corporation ( ) Partnership ( ) Proprietorship

Owner/ President: _____ Social Security# _____

Home Address: _____

Partner/Vice President: _____ Social Security # _____

Home Address: _____

Business Established (Date) _____ # of Employees: _____

Years at this Location _____ Main product sold or type of business: _____

Billing Address (if Different) _____

Please provide references who have extended credit to your company:

(1)Name: _____ Acct # _____

Address: _____ Phone#_____

Email Address:_____

(2) Name: _____ Acct # _____

Address: _____ Phone#_____

Email Address:_____

Bank Reference:

Name: _____ Acct # _____

Address: _____ Phone#_____

Email Address: _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize the investigation of all references listed above to obtain pertinent information and understand any information obtained over the phone to Dougherty County. Applicant understands and agrees to meet Dougherty County Solid Waste terms of net 30 days to pay all landfill charges and to pay collection and reasonable attorney fees in the event of default.

Authorized Signature: _____ Title: _____

Print or Type Name: _____ Date: _____