

Transfer Station:

509-633-0100

Billing Questions:

509-633-1510

Fax:

509-633-1401

Credit Application

ompany Name:			
wner:			
ed. Tax ID #:	Contractor #	* National Action	
usiness License #:	Issuing City:		
nysical Address:	City:	State:_	Zip:
illing Address:	City:	State:	Zip:
ontact Person(s):		MANAGEMENT OF THE STREET OF TH	117 - 118
	Fax:		
List Name, Address a	nd Telephone Number of three bank	king/business/cred	lit refere
List Name, Address a	nd Telephone Number of three bank	king/business/cred	
List Name, Address a 1. Bank Name	and Telephone Number of three band	king/business/cred	lit refere
List Name, Address a	nd Telephone Number of three bank	king/business/cred	lit refere
List Name, Address a 1. Bank Name Street or PO Box	Contact Person	king/business/crec	lit referen phone No. Zip
List Name, Address a 1. Bank Name Street or PO Box	and Telephone Number of three band	king/business/crec	lit refere
List Name, Address a 1. Bank Name Street or PO Box	Contact Person	king/business/crec	lit referen phone No. Zip
List Name, Address a 1. Bank Name Street or PO Box 2. Company Name Street or PO Box	Contact Person City Contact Person City	king/business/crec Tele WA	phone No. Zip phone No.
List Name, Address a 1	Contact Person Contact Person City Contact Person	king/business/cree Tele WA Tele	phone No. Zip phone No.
List Name, Address a 1. Bank Name Street or PO Box 2. Company Name Street or PO Box	Contact Person City Contact Person City	king/business/cree Tele WA Tele	phone No. Zip phone No. Zip
List Name, Address a 1	Contact Person City Contact Person City Contact Person City	WA Tele WA Tele	phone No. Zip phone No. Zip phone No.
List Name, Address a 1. Bank Name Street or PO Box 2. Company Name Street or PO Box 3. Company Name	Contact Person City Contact Person City Contact Person	WA Tele WA Tele	phone No. Zip phone No. Zip phone No. Zip