

Credit Application
Franklin County Solid Waste Department
Telephone (919) 496-5002 Fax (919) 728-5286

Company Name _____

Contact Person _____ Phone _____

Billing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Please provide three companies that you currently have active charge accounts with

Company _____ Contact Person _____

Address _____ City _____ State _____

Zip Code _____ Phone _____

Company _____ Contact Person _____

Address _____ City _____ State _____

Zip Code _____ Phone _____

Company _____ Contact Person _____

Address _____ City _____ State _____

Zip Code _____ Phone _____

I do hereby authorize the parties above to release to Franklin County the information they request regarding my current credit account for the business listed above. _____

Signature and Date

Please print all requested information. There is up to a 30-day approval period for this application. You may submit this either by fax (919) 728-5286 or email to lbodenhamer@franklincountync.us.

 Do not write below this line - For County Usage Only

Reference #1 Avg Balance Carried _____ Avg Aging _____

Notes _____ Account Established _____

Reference #2 Avg Balance Carried _____ Avg Aging _____

Notes _____ Account Established _____

Reference #3 Avg Balance Carried _____ Avg Aging _____

Notes _____ Account Established _____

Credit Line Approved

Dept Head
