



APPLICATION FOR CREDIT

COMPLETE EVERY ITEM - PRINT OR TYPE

Return completed application to address above along with the **\$35.00 application processing fee.**

1. Please indicate the Authority you are applying for an account with by checking the appropriate box.

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Rivanna Water & Sewer Authority

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Rivanna Solid Waste Authority

2. Firm or individual name as shown on business license or in telephone directory:

Subsidiary of (if applicable) _____

In business since _____ Business License # _____

Type of business _____

Tax ID or Social Security Number _____ Incorporated? Yes ____ No

Disclosure of your social security number (SSN) is requested so that the Authority may perform a credit check before extending credit. Your SSN will not be used or disclosed for any other purpose. Disclosure is voluntary; however, failure to provide your SSN may result in a delay or denial of credit.

3. Addresses and Contact Information:

Billing: _____

Physical: _____

Telephone #: _____ Fax #: _____ E-mail: _____

Accounts Payable Contact: _____

4. Owner or authorized official responsible for payment: *(please print or type)*

Name _____

Title _____

5. Credit References:

Bank Reference: _____

Name

Contact Person

Account Number

Address City State Zip Phone Number Email/Fax

Trade Reference: _____

Name

Contact Person

Account Number

Address City State Zip Phone Number Email/Fax

Trade Reference: _____

Name

Contact Person

Account Number

Address City State Zip Phone Number Email/Fax

6. Have you or any Principals, Partners, Officers, Major Stockholders or Managing Agents of your company filed for or been placed in either business or personal bankruptcy? Yes _____ No _____
If yes, date and explain under *Other Information*.

7. Terms and Conditions:

A. The undersigned agrees to guarantee that all operators of vehicles/equipment under the applicant's supervision are familiar with discharge/disposal regulations, site and operational standards, follow the attendant's directions, and will supply the proper disposal documentation if required.

RSWA Customers Only: If requested, the hauler must display a numbered decal which represents empty truck weight in the scale computer and comply with any reweighing program the Authority conducts.

B. RSWA accounts are due at the end of the month. RSWA accounts are due on the 25th of each month (billing period of the 26th through the 25th). Finance charge may be assessed per month on overdue balances up to the maximum permitted by law, as noted on the invoice. The minimum finance charge is \$1.00. Payments on account may be credited first on any finance charges due and then to invoices, oldest first.

C. No further charges will be allowed on accounts 60 days or more overdue until paid in full (that is, disposal will be by cash or approved check only). Services at Authority facilities may be prohibited when an account becomes 90 days past due, and the account may be transferred to a collection agency. The undersigned agrees to pay all costs incurred in collecting past due balances and any finance and collection charges and expenses, including attorney fees incurred by the Authority in collection efforts.

8. The Undersigned warrants that the information supplied on this application is true and complete to the best of his/her knowledge and that the undersigned has the authority to enter into this credit agreement and will comply with all terms and conditions.

Applicant's Signature (*same as #4*)

Title

Date

I hereby personally guarantee to the Rivanna Authorities (RSWA or RSWA), their successors and assigns, the full, prompt and complete performance of customer's obligations under this agreement, including but not limited to monetary obligations arising out of my performance or non-performance under this agreement, whether arising before or after termination of the agreement. This guarantee shall not be discharged or otherwise affected by any waiver, indulgence, compromise, settlement, extension of credit, or variation of terms of this agreement made by or agreed to by the Authority and Customer. I/We have read, understand, and agree to be bound by the terms and conditions in this application and agreement.

Guarantor (*no title allowed*)

Date

Witness

Date

Other Information:



AUTHORIZATION TO RELEASE INFORMATION

I/We have applied for an account with Rivanna Water & Sewer Authority and/or Rivanna Solid Waste Authority (Authorities). As part of this application, I/We authorize you to provide the Authorities with all information and documentation requested. Such information may include, but is not limited to, bank loans, charge accounts and similar account balances as well as credit history.

A copy of this authorization may be accepted as an original.

Company Name

Name (printed)

Signature

Social Security Number/Tax ID

Date

Name (printed)

Signature

Social Security Number

Date

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