

**BRUNSWICK COUNTY TRANSFER STATION and  
CONSTRUCTION & DEMOLITION LANDFILL**



**Credit Application for Disposal**

\*\* Entire application must be completed for consideration. Expect 5 business days for approval. \*\*

**SECTION 1 – All Applicants Complete.**

Name of Individual or Business: \_\_\_\_\_

Principal Owners, Partners, or Officers \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Trade References or Credit References**

	<u>Name</u>	<u>Phone</u>	<u>Fax (Must Be Included)</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

**SECTION 2 – Complete if applicant is a business (Corporation, Proprietorship, or Partnership).**

Name of Business Owner: \_\_\_\_\_

Position in Company (Check One):  Proprietor  Partner  Officer

Name of bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Corporation registered in state: \_\_\_\_\_

**SECTION 3 – To be completed by applicant or business owner.**

I, the undersigned applicant, hereby agree to pay all charges to this account on or before the due date on the monthly bill for this account. I certify that all information given on this application is correct and I fully understand and agree to the County's credit terms. I authorize Brunswick County to use the information provided herein to check credit history.

Signed \_\_\_\_\_

Printed name \_\_\_\_\_

Date signed \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

*Please mail or fax application along with a copy of a photo I. D. to:  
Brunswick County Solid Waste & Recycling  
P.O. Box 249, Bolivia, NC 28422  
Fax: (910) 253-2539*

**Principal Owners, Partners or Officers:**

Name                      Title                      SS#                      Street Address                      Phone

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**List any individuals authorized to charge on this account:**

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