

Town of Meredith

41 Main Street
Meredith, NH 03253-5861
603-279-4538
Fax 603-677-1090

APPLICATION FOR CREDIT – Solid Waste Facility

Name of Firm or Individual

Address

Years at address

City, State Zip

Please supply bank(s) reference(s) below:

Name Address Telephone

Name Address Telephone

Please supply trade/business references below:

Name Address Telephone

Name Address Telephone

CREDIT TERMS: NET 30 FROM DATE OF BILLING; 1% INTEREST ON ALL BALANCES AFTER 30 DAYS, MONTHLY ADMINISTRATIVE FEE EVERY 60 DAYS PAST DUE.

I/We certify the above information is correct and we fully understand the credit terms and agree to proper payment in consideration of extended credit.

Signature/Title

Date

OFFICE USE

Approved

Date

Account # _____