



**GUNNISON COUNTY LANDFILL
CREDIT APPLICATION**

Customer Name:		
Contact Name:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	

<u>COUNTY USE ONLY</u>
Account Number _____ Customer Sort _____

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- ◆ I understand that all charges need to be paid within thirty (30) days of the monthly billing statement according to the current rate schedule.
 - ◆ I understand that interest shall be charged at the rate of one percent (1%) per month on any delinquent balance.
 - ◆ I understand that the rate schedule may be amended at any time by Resolution of the Board of County Commissioners.
 - ◆ I understand that the original invoices are delivered to me/my company at the landfill gate and that requests for copies of invoices will be accompanied by additional charges as established by the Board of County Commissioners.

ONLY Principal is Authorized to Sign Application	
Printed Name:	Title:
Signature:	Date:

Return this form via mail, email or fax to:

Gunnison County Finance
Attn: Alicia Corliss
200 E Virginia Ave
Gunnison, CO 81230
acorliss@gunnisoncounty.org