

**CHAFFEE COUNTY LANDFILL  
ACCOUNTS RECEIVABLE  
P.O. BOX 699  
SALIDA, CO 81201  
Phone: (719) 539-3463  
FAX: (719) 539-7442**

**APPLICATION FOR CHARGE ACCOUNT**

Name of business: \_\_\_\_\_

Mailing address: \_\_\_\_\_, \_\_\_\_\_, CO \_\_\_\_\_  
Street or P.O. Box City Zip Code

Contact person: \_\_\_\_\_ Phone number: ( ) - \_\_\_\_\_

Authorized personnel (please print and sign name): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Changes to this list of authorized personnel may only be made by written notice to the Chaffee County Landfill at the above address.

Bank and Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_, CO ZIP \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_

Credit Reference: **Must use businesses other than utility companies.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

City: \_\_\_\_\_ City: \_\_\_\_\_

State: CO ZIP: \_\_\_\_\_ State: CO ZIP: \_\_\_\_\_

Phone Number: ( ) - \_\_\_\_\_ Phone Number: ( ) - \_\_\_\_\_

FAX Number: ( ) - \_\_\_\_\_ FAX Number: ( ) - \_\_\_\_\_

Credit checks will be completed before approval or disapproval is determined.

By application for a charge account and signature below, applicant agrees as follows:

1. To pay for charges incurred at the Chaffee County Landfill by the applicant or any of the authorized personnel listed on the application.
2. Account may be closed if any balance goes beyond ninety (90) days.

Your statement will be mailed by the 5<sup>th</sup> day of each month for the previous month's transactions. An itemized list of the receipt(s) will be included upon request. Payment is due within 10 days of the statement date. Example: January 1 thru January 31 receipts will be billed by February 5 and payment is due by February 15.

**NOTIFY US IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR BILL.**

If you need more information about a transaction on your bill, or you think your bill is wrong, write us at the address shown below as soon as possible. We must hear from you no later than 60 days after the due date of the first bill on which the item(s) in question or error appears.

In your letter give us the following information:

- ❖ Your name
- ❖ Receipt number(s)
- ❖ Dollar amount of the suspected error and if you can, explain why you believe there may be an error. If you simply need more information, describe the item in question.

You do not have to pay the amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we are investigating your question, we cannot report you as delinquent or take any action to collect the amount you question.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

A copy of this application will be returned to you if accepted. Please include a FAX number if you wish it to be faxed. Otherwise a copy will be mailed.

FAX Number: ( ) - \_\_\_\_\_ where application is to be faxed.

<b><i>For Finance Department Use Only</i></b>	<b>Remit to:</b>
Credit Authorized by _____	Chaffee County Landfill
Date: _____	Accounts Receivable
	P.O. Box 699
	Salida, CO 81201