



Smyth County Landfill
1042 VA Hwy 107
Chilhowie, VA 24319
276-646-2907

ACCOUNT APPLICATION FORM - Smyth County Landfill Charge Account

When applying for charge accounts this entire form must be completed and signed.

COMPANY INFORMATION

*** Company Name:**

* DBA (if different):

* Owner Name:

* Address:

* City:

* Phone:

Email:

* State:

* Zip:

Cell:

* Fax:

*** Federal Tax Id**

*** Type of Business:**

(Select one)

Corporation:

Partnership:

LLC:

Other:

If other, explain:

*** Number of Employees:**

*** Number of trucks:**

*** Date business established:**

*** Primary use for account:**

*** Account type requested:**

(Select one)

Charge:

* Contact:

* Phone:

Email:

Alternate Ph. Number

* Fax:

For Corporation:

State of incorporation:

Names, titles and addresses
of your three chief corporate
officers:

For Partnership:

Names and addresses of
partners:

For Sole Proprietorship:

*** Tax Exempt:**

Yes:

No:

If yes, provide copy of completed Tax Exempt Form for Indiana/Ohio & ship to addresses if different.

*** Have you ever had credit**

with us before? If yes,

Yes:

No:

provide account details:

Account Name:

Account #:

Explanation:

*** Authorized Purchasers:**

*** Email Delivery of Invoice**

Yes:

No:

CREDIT REFERENCES (required only for charge account requests)

Reference #1:

Name:
Address:
City: State: Zip:
Phone: Fax:

Reference #2:

Name:
Address:
City: State: Zip:
Phone: Fax:

Reference #3:

Name:
Address:
City: State: Zip:
Phone: Fax:

Authorized Signature

Title

Printed Name

Date

*** Signature Required for ALL account applications to be processed.**