



FAIRBANKS NORTH STAR BOROUGH

455 Sanduri Street

Fairbanks, Alaska 99701

SOLID WASTE DIVISION

(907)459-1482

FAX 459-1017

http://fnsb.us/pw/Pages/Solid-Waste-Home.aspx

APPLICATION FOR CREDIT

ALL requested information must be filled in. Business license(s), copy of corporation's resolution or other authorization, and original application must be received in our office before account setup is approved and complete.

COMPANY/CORPORATE NAME:		BUSINESS NAME - DBA, IF OTHER THAN COMPANY NAME:	
MAILING ADDRESS:		BUSINESS ADDRESS:	
CSZ:		CSZ:	
PHONE:	FAX:	EMAIL ADDRESS:	
CONTACT PERSON:	TITLE:	PHONE /EMAIL:	
TYPE OF BUSINESS: <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL	YEAR BUSINESS STARTED:	YEARS AT PRESENT LOCATION:	
BUSINESS LICENSE (MUST PROVIDE A COPY): <input type="checkbox"/> STATE <input type="checkbox"/> CITY (IF APPLICABLE)		CREDIT LIMIT REQUESTED: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> OTHER \$ _____	

OWNER'S OR OFFICERS INFORMATION

- CORPORATION:** All officers and registered agents of a corporation must be listed below.
A copy of the corporation's resolution or other authorization for person signing shall be submitted with this application.
- PARTNERSHIP:** All partners of a partnership must be listed below.
- INDIVIDUAL OR SOLE PROPRIETORSHIP:** All Information is required, except Position/Office.

NAME	POSITION/OFFICE	PHONE#	DRIVER'S LICENSE NO.	DATE OF BIRTH

ADDITIONAL PAGE(S) ATTACHED.

CREDIT REFERENCES (PLEASE PROVIDE ALL INFORMATION):

COMPANY NAME	ADDRESS	FAX NUMBER	TELEPHONE	ACCOUNT NUMBER
1.				
2.				
3.				

BANK NAME: _____ **TYPE OF ACCOUNT:** CHECKING SAVINGS OTHER

I AUTHORIZE THE FAIRBANKS NORTH STAR BOROUGH SOLID WASTE DIVISION TO REQUEST REPORTS FROM CREDIT REPORTING AGENCIES, AND TO CONTACT CREDIT AND BANK REFERENCES IN CONNECTION WITH THIS APPLICATION FOR CREDIT.

I HAVE READ AND AGREE TO THE TERMS SET FORTH AS LISTED IN THE ATTACHED ACCOUNTS RECEIVABLE POLICY, AND THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE.

SIGNATURE: _____ TITLE: _____ DATE: _____

ATTEST: _____ STATE OF INCORPORATION: _____

CORPORATE SECRETARY (IF APPLICABLE)

AFFIX CORPORATE SEAL

❖ **FAX** COMPLETED FORM TO (907) 459-1017 ❖ **INCLUDE** COPY OF BUSINESS LICENSE(S)

❖ **MAIL** ORIGINAL PAPERWORK TO: FNSB SOLID WASTE DIVISION, 455 SANDURI ST., FAIRBANKS, AK 99701



ACCOUNTS RECEIVABLE POLICY

- Current** Payment is due **AT THE FNSB SOLID WASTE DIVISION** 30 days following the invoice date.
- 31-60 days** Account is **PAST DUE** and charge privileges will be rescinded until payment in full is received. That means that each load brought to the FNSB Landfill must be paid for in cash at the time of disposal.
Monthly Invoice will be stamped: **"PAST DUE, IMMEDIATE ACTION REQUIRED"**.
- 61-90 days** Account is **UNACCEPTABLY** past due and disposal privileges will be **RESCINDED**. Customers will receive written notification their account has been sent to the FNSB Legal Department or a collection agency for collection.
- Over 90 days** Previously sent to FNSB Legal Department for collection.

CHARGE ACCOUNT PROCEDURES:

- **Invoices** are generated at month-end, which lists each ticket as a charge or an adjustment.
- Daily Tickets are generated for each load, and given to the driver upon exit.
- Payments are applied to the account against a **specific Invoice**.
- **A SINGLE PAYMENT FOR THE ENTIRE INVOICE IS PREFERRED OVER PAYMENT OF INDIVIDUAL TICKETS.**

**Please review monthly invoice and notify the Landfill with concerns, questions, or comments.
Acceptable forms of payment are cash, check, credit card, or electronic funds transfer.**

This policy supersedes any previous policy.

Bob Jordan
Solid Waste Manager
Department of Public Works

Remit Payment Address

**FNSB SOLID WASTE DIVISION
455 SANDURI STREET
FAIRBANKS, AK 99701-7653**