

**SOLID WASTE MANAGEMENT COMMISSION  
OF MARSHALL COUNTY**

P.O. BOX 217/MARSHALLTOWN, IA. 50158/PHONE: 641-752-0646/FAX: 641-752-4562

**ACCOUNTS RECEIVABLE POLICY**

Anyone wishing to set up an account with the Solid Waste Management Commission of Marshall County must complete a credit application with credit references. Credit references will be checked before an application will be considered for approval. Also, a bank disclosure form must be signed to receive information from your bank.

The Commission will be allowed to refuse credit to any one person, business, or entity at their discretion.

**Effective November 1st, 2019 accounts with a balance after 30 days will be charged 2% per month late charge.**

**Accounts with a balance after 40 days of the statement date will no longer be able to charge. These accounts will be turned over to our Attorney for collection.**

Once an account has been cancelled it can only be reestablished after six month waiting period. A full application for credit completed, reviewed and acted on at a regular monthly Executive Board Meeting of the Solid Waste Management Commission of Marshall County.

There will be **no third (3<sup>rd</sup>) party** accounts with the exception of those existing as of March 19, 2002, or for Municipalities/Governmental Subdivisions. The party doing the hauling will be responsible for the landfill fees and the materials in that load.

The Landfill may establish financial liability for both the hauler/contractor and his customer by requiring both parties to sign a Contractor's Agreement for demolition or construction projects.

# SOLID WASTE MANAGEMENT COMMISSION OF MARSHALL COUNTY

P.O. BOX 217 MARSHALLTOWN, IA. 50158

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CREDIT APPLICATION

ACCOUNT NAME:	OWNER:
BILLING ADDRESS:	TITLE:
CITY/STATE/ZIP CODE:	ACCOUNTS PAYABLE CONTACT:
PHONE: _____	FAX: _____
DATE BUSINESS STARTED:	

ANTICIPATED MONTHLY VOLUME (POUNDS) \_\_\_\_\_

IS YOUR BUSINESS/ TAXABLE _____ NON TAXABLE _____	SALES TAX PERMIT # _____
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WE ARE REQUIRED TO CHARGE SALES TAX UNLESS WE RECEIVE A VALID EXEMPTION CERTIFICATE:  
 TYPE OF EXEMPTION/ GOVERNMENT (INCLUDING SCHOOL) \_\_\_\_\_ RESIDENTAL \_\_\_\_\_ CONSTRUCTION \_\_\_\_\_ OTHER \_\_\_\_\_

### BUSINESS REFERENCES

COMPANY NAME:	COMPANY NAME:
STREET/P.O.BOX:	STREET/P.O. BOX:
CITY/ST./ZIP CODE:	CITY/ST./ZIP CODE:
CONTACT PERSON:	CONTACT PERSON:
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____

### BANK REFERENCE

BANK NAME:	ACCOUNT NUMBER:
STREET/P.O. BOX:	CONTACT PERSON:
CITY/ST./ZIP CODE:	PHONE: _____ FAX: _____

**IMPORTANT:** SOLID WASTE MANAGEMENT COMMISSION OF MARSHALL COUNTY RETAINS THE RIGHT TO DENY ANY APPLICANT AND TO CLOSE THIS ACCOUNT WHEN EVER WE DEEM NECESSARY. ACCOUNTS NOT PAID WITHIN 30 DAYS OF STATEMENT DATE WILL BE CHARGED 1.5% PER MONTH SERVICE CHARGE. ALL ACCOUNTS NOT PAID WITHIN 40 DAYS OF STATEMENT DATE WILL NO LONGER BE ABLE TO CHARGE. WE CERTIFY THAT ALL INFORMATION IS CORRECT AND FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

_____ PRESIDENT OR AUTHORIZED SIGNATURE	_____ TITLE	_____ DATE
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# Credit History Bank Release of Information

I hereby authorize \_\_\_\_\_ to  
release to the Solid Waste Management Commission of Marshall County  
information regarding my account history, typical monthly balance, credit  
limits, and credit status.

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

Company: \_\_\_\_\_

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