

WASHINGTON COUNTY, ALABAMA  
SOLID WASTE DISPOSAL AUTHORITY, INC.

COMMERCIAL ACCOUNT FORM

NAME OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_  
**SOLE PROPRIETORSHIP**

NAME OF OWNER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NO.: \_\_\_\_\_  
DRIVERS LICENCE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
PHONE NUMBER: LAND LINE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

\_\_\_\_\_  
**CORPORATION/LLC**

NAME OF CORPORATION/LLC: \_\_\_\_\_  
STATE AND COUNTY OF INCORPORATION: \_\_\_\_\_  
NAME OF CONTACT PERSON: \_\_\_\_\_  
FEDERAL ID NUMBER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
PHONE NUMBER: LAND LINE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

\_\_\_\_\_  
**PARTNERSHIP**

NAME OF BUSINESS: \_\_\_\_\_  
NAMES OF PARTNERS: \_\_\_\_\_  
NAME OF MANAGING PARTNER: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY NO: \_\_\_\_\_  
PHONE NUMBER: LAND LINE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**SERVICE REQUESTED:**

NUMBER OF HANDCARTS: \_\_\_\_\_ (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3)  
DUMPSTER SIZE: \_\_\_\_\_ (2yd) \_\_\_\_\_ (4yd) \_\_\_\_\_ (6yd) \_\_\_\_\_ (8yd)  
PICK-UPS WEEKLY: \_\_\_\_\_ (1x) \_\_\_\_\_ (2x)  
ROLL-OFF: \_\_\_\_\_ (30yd) \_\_\_\_\_ (40yd)

PRINTED NAME OF APPLICANT: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

A copy of the signing applicant's driver's license or picture ID must accompany application along with the activation fee of \$50.00.

**BELOW THIS LINE IS FOR ADMINISTRATIVE USE ONLY**

Account number: \_\_\_\_\_ Opening date: \_\_\_\_\_  
Deposit Received: \_\_\_\_\_ (Check) \_\_\_\_\_ (Cash) \_\_\_\_\_ (Money Order) \_\_\_\_\_ (Credit/Debit Card)  
COMMENTS: \_\_\_\_\_