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 PA			
MAILING ADDRESS:			
PHYSICAL ADDRESS:			
SOCIAL SECURITY NO:			
PHONE NUMBER: LAND	LINE:	CELL PHONE:	
SERVICE REQUESTED:			
NUMBER OF HANDCART	S: (1)	(2) (3)	
DUMPSTER SIZE: _ (2yd) (4yd) (6yd) (8yd)			
PICK-UPS WEEKLY:		(2x)	
ROLL-OFF: (3	0yd) (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 \$100.00.			
BELOW THIS LINE IS FOR ADMINISTRATIVE USE ONLY			
Account number: Opening date:			
Deposit Received:(Check) (Cash)(Money Order)	(Credit/Debit Card)