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: _____(lx) --- (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 $100.00.

BELOW THIS LINE IS FOR ADMINISTRATIVE USE ONLY

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