

**Loudoun County Solid Waste Management Facility (LCSWMF)
Application for Charge Accounts**

**Division of Waste Management
PO Box 7100 - MSC #48E
Leesburg, VA 20177
Phone: (703) 771-5500**

To establish a LCSWMF Charge Account you must meet the following requirements:

- 1. A yearly business activity level of \$5,000.00**
- 2. All County Business and Personal Property Tax liabilities must be paid in full to continue using this account**

If you meet these requirement, please mail this application with a non-refundable processing fee of \$70.00 to the address listed above. If you do not, you are welcome to use our facility by making payments in cash or via Visa, MasterCard or Discover Card. You will be contacted by the LCSWMF Business Operations within two weeks of receipt of this application.

\$ _____ **Charge Account Credit Limit Requested**

Business Information (Please Print)

Business Name: _____ Federal Tax ID # _____ - _____
Street Address: _____ Dun & Bradstreet # _____
City: _____ State: _____ Zip Code: _____ Main Phone: (_____) _____ - _____
Mailing Address: _____ Fax Number: (_____) _____ - _____
City: _____ State: _____ Zip Code: _____ Years in Business: _____
Bank Name: _____ Checking Acct # _____
Describe your business: _____

Business Contacts (Please Print)

CEO Name: _____ Main Phone: (_____) _____ - _____ ext. _____
Title: _____ Cell Number: (_____) _____ - _____
Email: _____ Business Website: _____
Accounting Contact: _____ Main Phone: (_____) _____ - _____ ext. _____
Email: _____ Cell Number: (_____) _____ - _____

I hereby authorize LCSWMF to conduct a credit check to apply for a charge account at the facility. By applying for a charge account at the LCSWMF, I certify that I am empowered to sign and incur debt and agree to pay the LCSWMF invoices when issued according to the LCSWMF Credit Account Payment Terms: Net 30 Days. Failure to do so will result in suspension of all landfill privileges until all invoices are paid. LCSWMF may terminate this account at any time.

X _____ Date: _____
Signature of Business CEO

Printed Name of Business CEO: _____

LCSWMF ONLY

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D&B Paydex # _____ TO Tax Paid: Y or N Credit Limit: \$ _____ CustType# _____ CW6# _____ ERP # _____