



Dennis-Yarmouth Septage Facility Account Application



Please Note: Application will not be accepted unless fully completed.

Amount of Credit Requested: _____

Do you have a Yarmouth Sewage Collection and Transportation License: _____

<input type="checkbox"/> Individual <input type="checkbox"/> Corporation (if incorporated, please submit latest financial statement.) <input type="checkbox"/> Partnership <input type="checkbox"/> Trust						
PLEASE TYPE OR PRINT FULL NAME			DATE INCORP or BIRTH DATE	SOC. SEC. or FED. ID#		
STREET ADDRESS		CITY	STATE	ZIP CODE	HOW LONG YRS. MO.	BUS. PHONE
MAILING ADDRESS, IF DIFFERENT					YRS. MO.	FAX #
PREVIOUS ADDRESS		IF AT ABOVE LESS THAN THREE YEARS			HOW LONG YRS. MO.	HOME PHONE
CURRENT EMPLOYER AND ADDRESS					HOW LONG YRS. MO.	POSITION HELD
CELL PHONE:		EMAIL ADDRESS:		<input type="checkbox"/> STATEMENT MAILED or <input type="checkbox"/> STATEMENT EMAILED		
PRINCIPALS OF CORPORATION						
PLEASE PRINT FULL NAME				DATE OF BIRTH	SOC. SEC #	TITLE
BOX NO.	STREET ADDRESS		CITY	STATE	ZIP CODE	HOW LONG HOME PHONE
PLEASE PRINT FULL NAME				DATE OF BIRTH	SOC. SEC #	TITLE
BOX NO.	STREET ADDRESS		CITY	STATE	ZIP CODE	HOW LONG HOME PHONE
PLEASE PRINT FULL NAME				DATE OF BIRTH	SOC. SEC #	TITLE
BOX NO.	STREET ADDRESS		CITY	STATE	ZIP CODE	HOW LONG HOME PHONE
PERSONAL REFERENCES						
NEAREST RELATIVE (NOT LIVING WITH YOU)		ADDRESS			PHONE	RELATIONSHIP
PERSONAL REFERENCE		ADDRESS			PHONE	RELATIONSHIP
REAL ESTATE						
OWN <input type="checkbox"/> JOINTLY <input type="checkbox"/> TRUST <input type="checkbox"/> RENT <input type="checkbox"/> INDIVIDUALLY <input type="checkbox"/> CORPORATE <input type="checkbox"/> OTHER TITLED IN THE NAME OF _____						
NAME OF LANDLORD OR MORTGAGE HOLDER		ADDRESS			PHONE	MONTHLY PAYMENT
PURCHASE PRICE		ORIGINAL MORTGAGE	BALANCE		PROPERTY LOCATED AT	
BANK REFERENCES						
1. CHECKING OR SAVINGS ACCOUNT WITH		ACCOUNT NO.			BALANCE	
2. CHECKING OR SAVINGS ACCOUNT WITH		ACCOUNT NO.			BALANCE	

Credit References

NAME	PHONE NO.	ACCOUNT NO.	PRESENT BALANCE

HAVE YOU EVER FILED PETITION FOR BANKRUPTCY YES NO
WHEN?

HAVE YOU EVER HAD ANY JUDGMENTS, GARNISHMENTS
OR LEGAL PROCEEDINGS AGAINST YOU? YES NO

PERSONAL FINANCIAL STATEMENT (Not for Corporations)

ASSETS - AS OF _____ DATE (MM/DD/YYYY)

TOTAL

CHECKING AND SAVINGS ACCOUNTS \$ _____
 INVESTMENTS - NON RETIREMENT \$ _____
 RETIREMENT PLAN(S) \$ _____
 REAL ESTATE (FAIR MARKET VALUE) \$ _____
 LIFE INSURANCE (CASH VALUE) \$ _____
 DEBTS OWED TO YOU \$ _____
 TOOLS/VEHICLE - ESTIMATED MARKET VALUE \$ _____
 OTHER ASSETS \$ _____
TOTAL ASSETS \$ _____

LIABILITIES

TOTAL

MONTHLY PAYMENT

CURRENT DEBT OWED TO SUPPLIERS \$ _____ \$ _____
 CHARGE ACCOUNTS & CREDIT CARD BALANCES \$ _____ \$ _____
 MORTGAGE PRINCIPLE BALANCE OWED \$ _____ \$ _____
 LOANS OR OTHER BALANCES OWED \$ _____ \$ _____
 OTHER LOANS \$ _____ \$ _____
 GAS, ELECTRIC, WATER, PHONE, ETC. \$ _____ \$ _____
 CHILD SUPPORT & ALIMONY (ANNUAL) \$ _____ \$ _____
 VEHICLE LOAN BALANCE(S) \$ _____ \$ _____
 TAXES OWED \$ _____ \$ _____
 INSURANCE PREMIUMS \$ _____ \$ _____
 OTHER AMOUNTS OWED \$ _____ \$ _____
TOTAL LIABILITIES \$ _____ \$ _____

NET WORTH (ASSETS MINUS LIABILITIES) \$ _____ \$ _____

PLEASE READ BEFORE SIGNING APPLICATION

I/We hereby authorize the person or firm to whom this application is made, and any credit or other investigation agency employed by such person, to investigate the references herein listed or statements or other data obtained from me/us or from any other person pertaining to my/our credit and financial responsibility.

CREDIT TERMS

ACCOUNT HOLDERS

Accounts are to be paid in full every thirty days. If the customer fails to pay the unpaid balance within 30 days of the billing date, the customer will pay a finance charge at a periodic rate of 1.17% per month on the average daily balance (equivalent to an annual percentage rate of 14%) . Delinquent accounts are also be subject to a \$25 late fee. The periodic rate will be added monthly, based on the delinquent balance. All accounts to be paid in full by cash or check.

AGREEMENT TO PAY COLLECTION FEES

In consideration of the Town of Yarmouth having agreed at my/our request to receive waste from me/us on credit; I/We hereby agree that if the Town of Yarmouth shall be required to place any sum outstanding in the hands of an agency for collection, all costs of collection not to exceed 33-1/3% shall be added to the unpaid balance, whether or not legal action is instituted. Any Debtor/Applicant in default shall be liable to all attorney's fees and costs incurred by the Town of Yarmouth in collection of any balance past due.

PERSONAL GUARANTEE

In consideration of Town of Yarmouth having agreed to allow the use of its Septage facility on credit to:

_____ of _____
(Account Name) (Town)

I/We hereby guarantee to the Town of Yarmouth the payment of such sums of money as may at any time hereafter become due to it from Septage facility users.

Type or print name Date Signature Individually

Type or print name Date Signature Individually

Then personally appeared _____, before me, the undersigned notary, who proved to me through satisfactory evidence of identification, which was _____ of his/her identity, to be the person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public

Then personally appeared _____, before me, the undersigned notary, who proved to me through satisfactory evidence of identification, which was _____ of his/her identity, to be the person whose name is signed on the preceding document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

Notary Public

APPLICATION WILL NOT BE ACCEPTED UNLESS FULLY COMPLETED

If real estate title is held more than one person, All persons as owners on the title must sign.

PERSONS AUTHORIZED TO USE FACILITY USING THIS ACCOUNT

(All changes to Authorization must be made in writing.)

