

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, Discover Card or may be offered a prepaid account. You will be contacted by the LCSWMF Business Operations within two weeks of receipt of this application.

\$ _____ Charge Account Credit Limit Requested

Business Information <i>(Please Print)</i>			
Business Name:		Federal Tax ID #:	
If Division/Subsidiary, Name of Parent Company:			
Physical Address:		Dun & Bradstreet #	
City:	State:	Zip:	Ph#:
Mailing Address:			
City:	State:	Zip:	# of years in business:
Describe your business:			
Business Contact Information <i>(Please Print)</i>			
Principal Name:		Ph#:	
Title:		Cell#:	
Email:			
Accounting Contact:		Ph#:	
Email:		Cell#:	
Trade References <i>(Please Print)</i>			
Company Name:		Contact Name:	
Address:		Ph#:	
Email:		Account #:	
Account Opened Since:		Credit Limit:	
Company Name:		Contact Name:	
Address:		Ph#:	
Email:		Account #:	
Account Opened Since:		Credit Limit:	
Company Name:		Contact Name:	
Address:		Ph#:	
Email:		Account #:	
Account Opened Since:		Credit Limit:	

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. By submitting this application, you authorize LCSWMF to make inquires into the business/trade references that you have supplied.

X _____ Date: _____
Signature of Business CEO

LCSWMF ONLY	03182022
D&B Paydex # _____ TO Tax Paid: Y or N Credit Limit: \$ _____ CustType# _____ CW6# _____ ERP # _____	