

JACKSON COUNTY
BOARD OF COMMISSIONERS

SOLID WASTE CHARGE ACCOUNT APPLICATION

Please PRINT or TYPE

Company Name: _____

Name of Owner or Company Contact: _____

Street Address (NO P O Box): _____

City, State, Zip Code: _____

Mailing Address (if different): _____

City, State, Zip Code: _____

Business Phone: _____ Fax: _____

E-Mail Address: _____

Business License Issued by: _____

Business License Expires: _____

Business References:

Bank / Contact Person: _____

Company: _____

Contact Person: _____

Phone Number: _____

Company: _____

Contact Person: _____

Phone Number: _____

I hereby authorize the Jackson County Government to contact any references listed herein in connection with this application for a charge account with the Jackson County Solid Waste Department.

Signature of Authorized Person

Date Signed

This form must be returned to Jackson County Finance Department, 67 Athens Street, Jefferson, GA 30549, or via fax at (706) 367-1025.

For Department Use Only

Approved _____ (Yes/No) Company ID No. Assigned (If Approved): _____

Signed by County Finance Official: _____ Date: _____

Route Copy To: Accounting _____ Solid Waste _____