

SLV Regional Solid Waste Authority
P.O. Box 861 1600 CR 44 Monte Vista, CO 81144
719-852-3810 cmalouff@slvlandfill.com
www.slvlandfill.com
Credit Application/ Charge Account

Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ FAX: _____ Other _____

Email Address: _____

Emergency Contact: _____ Phone # _____

Credit References (Include account #, email address, fax and phone number)

1. _____

2. _____

3. _____

Bank Name and Address: _____

Account # _____ Contact Name and Phone # _____

Persons authorized to sign charge tickets:

1. _____

2. _____

3. _____

Type of solid waste to be handled: Construction: ___ Contaminated Soil: ___ Compacted: ___
Uncompacted: ___ Organic: ___ Non Friable Asbestos: ___ Household: ___ Other _____

The undersigned agrees to pay for all charges upon receipt of statement and understands that credit privileges will be discontinued if account is not paid in full within 60 days of charge.

Printed Name _____ Signature _____

Title _____ Date _____