

**REQUEST FOR PRIVILEGE TO CHARGE TIPPING FEES AT THE  
GALLATIN COUNTY LOGAN LANDFILL**

**A security deposit of \$500.00 must accompany this application. Please submit application and security deposit to Solid Waste Management District, PO Box 461, Three Forks, MT 59752. You will be notified of your account status by mail.**

**Applicant Name/Business Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Physical Address (if different from mailing):** \_\_\_\_\_

**Phone:** ( ) - \_\_\_\_\_ **Fax:** ( ) - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**We request that our company be allowed to charge tipping fees at the Gallatin County Landfill at Logan.**

**Our request is based on the following information:**

**Date of Request:** \_\_\_\_\_

**Estimated Number of Loads per Month:** \_\_\_\_\_

**Estimated Number of Tons per Load:** \_\_\_\_\_

**Date of Last Load:** \_\_\_\_\_

**The following is the name of our bank where payments will be drawn on and three credit references. Please provide names, addresses, and telephone numbers.**

**Bank:** \_\_\_\_\_

**Reference 1:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**Reference 2:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**Reference 3:** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Contact Person** \_\_\_\_\_

**GALLATIN COUNTY SOLID WASTE MANAGEMENT DISTRICT**

**Applicant Name:** \_\_\_\_\_

**Charge account at the landfill provided the following criteria is met:**

- **Must be a legitimate business**
- **Security deposit will be based on an estimate of one month's tonnage from vendor with a minimum of \$500.00. Security deposit will be refunded at termination of customer's privileges and full payment of all invoices is made**
- **The landfill will bill for actual tons and customer must pay from invoice within 30 days. Failure to pay is grounds for termination of privileges and revocation of security deposit.**

**AGREEMENT, AUTHORIZATION, AND SIGNATURE:**

**I, the undersigned owner/officer/applicant (hereinafter "Buyer"), do hereby warrant and represent that the information contained herein is true and correct. Further, Buyer authorizes the firm to whom this application is being made (hereinafter "Seller") to contact Buyer's bank and trade references to obtain credit information. In the event credit is granted, Buyer understands and agrees that payment for all goods and services provided by Seller are due within 30 days of date of Seller's billing. Any unpaid balance older than 30 days will be in default and will be charged interest at the highest rate allowed by law. If Buyer's account is in default it may be turned over to a collection agency. Also, Buyer understands that he will be responsible for, but not limited to, the principal amount, collection agency fees, attorney fees, and any court costs.**

**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date** \_\_\_\_\_

**PERSONAL GUARANTEE:**

**I agree to personally guarantee payment of the debt. This includes the principal amount, interest, collection agency fees, attorney fees, and court costs as incurred. I authorize Seller to investigate my personal credit, financial, and bank records. I understand that any negative information, including failure to make required payments, may be reported on my personal credit records.**

**We are aware that a finance charge of 1.5% per month, not to exceed an annual rate of 18% will be assessed on accounts 60 days past due.**

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_