|  |  |
| --- | --- |
| Logo  Description automatically generated | Coastal Regional Solid Waste Management Authority  A Coastal Partnership Serving Carteret, Craven, & Pamlico Counties  7400 Old Hwy 70 West, New Bern, NC 28562  PO Box 128, Cove City, NC 28523  PH: (252) 633-1564 Fax: (252) 633-6515  www.cepnc.org |

# Hauler Permit & Credit Application MUST be completed in its entirety! There will be a $25 application fee due at the time of sign up.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email | : |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name: |  | Owner/Manager: |  | Payables Clerk/ PH#: |  |

|  |  |
| --- | --- |
| Type of Refuse: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Corporation: | YES | NO | Partnership: | YES | NO |

|  |  |  |
| --- | --- | --- |
| Individual: | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever had an account with us before? | YES | NO | |  |  | | --- | --- | | If yes, when? |  | |

|  |  |
| --- | --- |
| Number of trucks to access Landfill: |  |

## Truck Information

|  |  |  |  |
| --- | --- | --- | --- |
| Make & Model: |  | Type: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Decal # |  | LCP# |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Make & Model: |  | Type: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Decal # |  | LCP# |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Make & Model: |  | Type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Decal# |  | LCP# |  |

## Credit References

List only references of those from whom you purchase on open account, and current within the past two years. **Fax Numbers MUST be included.**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name: |  | Phone: |  |
| Email Address: \_\_\_\_\_  Company: |  | Fax: |  |
| Contact Name: |  | Phone: |  |
| Email Address:  Company: |  | Fax: |  |
| Contact Name: |  | Phone: |  |
| Email Address:  Company: |  | Fax: |  |

## Non-Resident Contractor

***\*NON-RESIDENT APLICANTS INCLUDE ALL AREAS WHO DO NOT HAVE A PHYSICAL ADDRESS/OFFICE LOCATION WITHIN CRAVEN, CARTERET, AND PAMLICO COUNTIES.***

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Phone: |  |
| Billing Office Address: |  | Supervisor: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Corporation? | YES | NO |  |
| If yes, State in which incorporated: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Is this credit application in relationship to a specific job or project? | YES | NO |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Name: |  | Project Owner: |  |
| Site Location: |  | Owner Ph.#: |  |

|  |  |
| --- | --- |
| If MCAS Cherry Point project, please provide contract #: |  |

## Banking Institution

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Contact: |  |

|  |  |
| --- | --- |
| Mailing Address: |  |

## Disclaimer and Signature

I am responsible for all company information submitted on this application. In addition, I authorize Coastal Regional Solid Waste Management Authority to investigate my credit responsibility through banks, credit reporting agencies and other financial sources.

(**Submitting a Social Security Number speeds up the credit inquiry)**

|  |  |  |  |
| --- | --- | --- | --- |
| SS#:  Tax ID #:  Signature: |  | Date: |  |

For Office Use Only

Reference Results:

Checked By:

Date: