



City of Santa Maria
Department of Administrative Services
Finance Division

SEPTAGE RECEIVING STATION CREDIT ACCOUNT APPLICATION

Business Name: _____ City Business License #:* _____

Business Phone: _____ CA State Contractor Lic. #: _____

Cell Phone: _____ Soc Sec# or Fed ID #: _____

Fax: _____ CA Driver's License #: _____

Email: _____ NAWT Certification Date: _____

Business Address: _____
 Street City State Zip

Mailing Address: _____
 (if different) Street/PO Box City State Zip

Person making application: _____ Title: _____

Estimated charges for a one-month period: \$ _____ (Due within 30 days, subject to interest charges)

Waste water disposal type: ___ Septage ___ Grease ___ Remediation Site ___ Other

Bank: _____ Account: _____

Address: _____ Phone: _____

If Company, list officers and agent for service of process:

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

Agent for Service of Process: _____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT THE CREDIT TO BE EXTENDED WILL BE ACCUMULATED OVER A PERIOD OF ONE MONTH, AND THAT PAYMENT OF SUCH CHARGES WILL BE MADE WITHIN 30 DAYS FOLLOWING RECEIPT OF A MONTHLY INVOICE. DELAY BEYOND THIS PERIOD MAY RESULT IN SUSPENSION OF CREDIT PRIVILEGES.

I hereby certify that the above information given to obtain credit is true and correct, and that I have carefully read this application and that it is complete, true and correct to the best of my belief and knowledge.

 Date Signature of Applicant

OFFICE USE ONLY

Check by _____ Date Approved _____

Approved by _____ Acct No Assigned _____

Notified SRS _____ Customer _____