



DANE COUNTY DEPARTMENT OF WASTE & RENEWABLES  
**CREDIT APPLICATION**

v10.24

**COMPANY INFORMATION** Please complete all relevant information.

Company Name \_\_\_\_\_ Years in Business \_\_\_\_\_  
Company Address (physical address) \_\_\_\_\_  
Billing Address (if different than above) \_\_\_\_\_  
D-U-N-S Number \_\_\_\_\_ Tax ID Number \_\_\_\_\_

**WDNR License Number** \_\_\_\_\_ **NOTE:** Each year the Wisconsin Department of Natural Resources (WDNR) requests a list of the companies that have transported waste to our site on Form 4400-123. Refer to the [WDNR's website](#) or NR 520.06 for solid waste licensing requirements and information.

Accounts Payable Representative \_\_\_\_\_  
Email (to which billing statements should be sent) \_\_\_\_\_  
Telephone & Fax \_\_\_\_\_

Owner or Responsible Official \_\_\_\_\_  
Email \_\_\_\_\_ Telephone \_\_\_\_\_  
Has this company changed names in the past 10 years (yes/no)? \_\_\_\_\_  
If "yes", list previous names. \_\_\_\_\_

Monthly credit line requested \$ \_\_\_\_\_  
Monthly tonnage anticipated \_\_\_\_\_ tons  
Describe the nature of your business and long term waste disposal needs. Please include the number of estimated trips to the site per month and the quantity and types of material that will require disposal.

**VENDOR REFERENCES** Please list three vendors with whom you have conducted business on a charge account basis within the past five years. Please provide references with active credit limits similar to the amount of monthly credit being requested.

Company Name \_\_\_\_\_  
City/State \_\_\_\_\_  
Email Address \_\_\_\_\_ Telephone & Fax \_\_\_\_\_

Company Name \_\_\_\_\_  
City/State \_\_\_\_\_  
Email Address \_\_\_\_\_ Telephone & Fax \_\_\_\_\_

Company Name \_\_\_\_\_  
City/State \_\_\_\_\_  
Email Address \_\_\_\_\_ Telephone & Fax \_\_\_\_\_

Credit accounts are reserved for routine customers who use disposal services on a recurring basis and are not granted to companies that haul less than 20 tons of waste to our site monthly or to out-of-state companies unless special request is submitted in writing. Applicants may be asked to demonstrate that minimum waste thresholds will be met for up to 6 months prior to granting an account. Accounts may be suspended or charged administrative fees due to inactivity or if missed or late payments are observed. Account set-up may take up to two weeks after we receive the signed terms. Terms and conditions will be sent for signature after satisfactory references have been returned. Account holders will be required to number vehicles with assigned account number on both sides with 3" lettering. Payment by check is due in full each month, net 30 days.

Name of person completing form \_\_\_\_\_  
Email \_\_\_\_\_ Telephone & Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_