



# Fairbanks North Star Borough

**PUBLIC WORKS DEPARTMENT**

Solid Waste Division  
 Solid\_waste@fnsb.gov  
 Main: (907) 459-1482

## APPLICATION FOR CREDIT

*ALL requested information must be filled in. Business license(s), copy of Corporation's Resolution or other authorization, and original application must be received in our office before account setup is approved and complete.*

COMPANY/CORPORATE NAME:		BUSINESS NAME - DBA, IF OTHER THAN COMPANY NAME:	
MAILING ADDRESS:		BUSINESS ADDRESS:	
CSZ:		CSZ:	
PHONE:	FAX:	EMAIL ADDRESS:	
CONTACT PERSON:		TITLE:	PHONE/EMAIL:
TYPE OF BUSINESS: <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> INDIVIDUAL		YEAR BUSINESS STARTED:	YEARS AT PRESENT LOCATION:
		BUSINESS LICENSE (MUST PROVIDE A COPY): <input type="checkbox"/> STATE <input type="checkbox"/> CITY (IF APPLICABLE)	CREDIT LIMIT REQUESTED: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> OTHER \$ _____

### OWNER'S OR OFFICERS INFORMATION

- CORPORATION**..... All officers and registered agents of a corporation must be listed below.  
**A copy of the corporation's resolution or other authorization for person signing shall be submitted with this application.**
- PARTNERSHIP**..... All partners of a partnership must be listed below.
- INDIVIDUAL OR SOLE PROPRIETORSHIP**..... All Information is required, except Position/Office.

NAME	POSITION/OFFICE	PHONE#	DRIVER'S LICENSE No.	DATE OF BIRTH

ADDITIONAL PAGE(S) ATTACHED.

### CREDIT REFERENCES (PLEASE PROVIDE ALL INFORMATION):

COMPANY NAME	ADDRESS	FAX NUMBER (REQUIRED)	TELEPHONE	ACCOUNT NUMBER
1.				
2.				
3.				

**BANK NAME:** \_\_\_\_\_ **TYPE OF ACCOUNT:** CHECKING  SAVINGS  OTHER

I AUTHORIZE THE FAIRBANKS NORTH STAR BOROUGH SOLID WASTE DIVISION TO REQUEST REPORTS FROM CREDIT REPORTING AGENCIES, AND TO CONTACT CREDIT AND BANK REFERENCES IN CONNECTION WITH THIS APPLICATION FOR CREDIT.

**I HAVE READ AND AGREE TO THE TERMS SET FORTH AS LISTED IN THE ATTACHED ACCOUNTS RECEIVABLE POLICY, AND THE INFORMATION PROVIDED IS ACCURATE AND COMPLETE.**

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

ATTEST: \_\_\_\_\_ STATE OF INCORPORATION: \_\_\_\_\_  
 CORPORATE SECRETARY (IF APPLICABLE) AFFIX CORPORATE SEAL

❖ **FAX** COMPLETED FORM TO (907) 459-1017      ❖ **INCLUDE** COPY OF BUSINESS LICENSE(S)  
 ❖ **MAIL** ORIGINAL PAPERWORK TO: FNSB SOLID WASTE DIVISION, 455 SANDURI ST., FAIRBANKS, AK 99701



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## ACCOUNTS RECEIVABLE POLICY

- Current:** Payment is due **AT THE FNSB SOLID WASTE DIVISION** 30 days following the invoice date.
- 31-60 days:** Account is **PAST DUE**; charge privileges rescinded until full payment is received. Each load brought to the FNSB Solid Waste Facility must be paid at the time of disposal. Monthly Invoice stamped: "**PAST DUE, IMMEDIATE ACTION REQUIRED**".
- 61-90 days:** Account is **UNACCEPTABLY** past due and disposal privileges **RESCINDED**. Customers will receive written notification their account has been sent to the FNSB Legal Department or a collection agency for collection.
- Over 90 days:** FNSB Legal Department pursuing collection.

### **CHARGE ACCOUNT PROCEDURES:**

- **Daily Tickets** are generated for each load & given to the driver upon exiting the Solid Waste Facility.
- Invoices are generated at month-end, which lists each ticket as a charge or an adjustment.
- **Payments are applied to the account against a specific monthly Invoice.**
- ***A SINGLE PAYMENT FOR THE ENTIRE INVOICE IS PREFERRED OVER PAYMENT OF INDIVIDUAL TICKETS.***

Please review monthly invoice and notify us with concerns, questions, or comments. Acceptable forms of payment are cash, check, credit card (see forms website), or electronic funds transfer.

This policy supersedes any previous policy.

Bob Jordan  
Solid Waste Manager  
Department of Public Works

### **REMIT PAYMENT ADDRESS**

**FNSB SOLID WASTE DIVISION  
455 SANDURI STREET  
FAIRBANKS, AK 99701-7653**