



# Transfer Station Charge Account Application

330 Bennett Street  
Livingston MT 59047  
406-222-5667

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last: \_\_\_\_\_

DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ EIN/TIN: \_\_\_\_\_

.....  
Terms: Net is due within "10 Days" of mailing the statement. Unpaid accounts within 30 days of mailing the statement will be placed on "cash only" status until the account is paid in full. If the account is flagged as "cash only" two times during the calendar year, the customer shall lose their charge privileges. Past due accounts are subject to collections, in accordance with Montana Law.

Personal Guarantee: I agree to assume and pay the indebtedness of this account.

\_\_\_\_\_

Signature of Owner or Corporate Officer/Title

Date

Internal Use only:

Date approved: \_\_\_\_\_

Caselle AR#: \_\_\_\_\_ Clerks Initials: \_\_\_\_\_ Scanned to Doc. Management: \_\_\_\_\_