

Iredell County Solid Waste CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Send completed application to Sherry Grinton Fax (704) 878-5429 or e-mail sgrinton@co.iredell.nc.us

BUSINESS CONTACT INFORMATION				
Title:				
Company name:				
Phone:	Fax:	E-mail:		
Registered company address:				
City:		State:	ZIP Code:	
Date business commenced:				
Sole proprietorship:	Partnership:	Corporation:	Other:	
BUSINESS AND CREDIT INFORMATION				
Primary mailing address:				
City:		State:	ZIP Code:	
How long at current address?				
Telephone:	Fax:	E-mail:		
Bank name:				
Bank address:		Phone:		
City:		State:	ZIP Code:	
Type of account:	Account number:			
Savings				
Checking				
BUSINESS/TRADE REFERENCES				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Contact person:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Contact person:				
Company name:				
Address:				
City:		State:	ZIP Code:	
Phone:	Fax:	E-mail:		
Contact person:				
AGREEMENT				
1. All invoices are to be paid net 20 from the statement date.				
2. By submitting this application, you authorize Iredell County Solid Waste to make inquiries into the banking and business/trade references that you have supplied.				
SIGNATURES				
Title: Date:		Title: Date:		
OFFICE USE ONLY – Account Nu	mber: Appl	ication Approved By:	Date:	



(Official Seal)

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UNCO	NDITIONAL PERSONAL GUARANTY
For good and valuable consideration, th	e receipt and sufficiency of which are hereby expressly
acknowledged, the undersigned,	(" <u>Guarantor</u> "), hereby tionally guarantees the payment in full, as and when payments
	the business account in the name of
	("Payee") and all other fees, costs, expenses, or other monies
(including reasonable attorneys' fees) payable u	
	(a) constitutes a guarantee of payment; (b) constitutes the
	(c) may be enforced by the Payee without first making any
	I hereby against the corporate holder of the Account or any rithout first filing suit or proceeding to obtain or assert a claim
	Account or any successor thereto or any other guarantor; and
	resorting to or exhausting any other security or collateral and
	any documents securing payment of the Account; provided,
	Payee from suing for collection on the Account with or without
	n exercising any of the rights under any documents securing
payment of the Account.	
• •	of the obligations owing under the Account, independent of and
in addition to any other guaranty, endorsement	, surety agreement, collateral, or other agreement held by the
Payee for the Account or any part thereof, whe	ther executed or granted by the Guarantor or otherwise. The
	solute and unconditional irrespective of, and the Guarantor
	as a result of, any of the following: (i) any lack of validity or
	ment, agreement, or writing creating or evidencing any of the
	without limitation, the lack of validity or enforceability of all
	art of the Account; (ii) any non-perfection of any lien in any
	ions owing under the Account or any failure by the Payee to
	ing all or any part of the Account; or (iii) any event or nder applicable law to discharge the liability of the Guarantor
	lefense available to the Holder of the Account, the Guarantor,
	s owing under the Account, including, without limitation, any
right conferred by N.C.G.S. § 26-7 et seq.	, owing under the recount, morating, without minution, any
	tive or shall be reinstated, as the case may be, if at any time
	e Account is rescinded, voided, or rendered void or voidable as
· · · · · · · · · · · · · · · · · · ·	r fraudulent conveyance or must otherwise be returned or
disgorged by the Payee as if such rescinded, avo	pided, voided, or voidable payment had not been made.
IN WITNESS WHEREOF, the Guarantor h	as duly executed this Unconditional Personal Guaranty on this
day of, 20	•
Signature:	_(SEAL)
Social Security No	
STATE OF NORTH CAROLINA	-
COUNTY OF	
I certify that the following person(s), who is	/are known to me or proved to me on the basis of
	scribed, personally appeared before me this day; each
	signed the foregoing document for the purposes stated
therein and in the capacity indicated:	
Date:	 (Notary Public)
	(Notary Public)
	Printed Name:

My commission expires:_