



# IDABEL PUBLIC WORKS AUTHORITY

## SANITATION - LANDFILL

ADDRESS: 201 E MAIN ST. IDABEL, OK 74745  
WEBSITE: www.idabel-ok.gov

PHONE: 580-286-5631 FAX: 580-286-3897  
EMAIL: mgray@idabel-ok.gov, kginn@idabel-ok.gov

### BUSINESS CREDIT ACCOUNT APPLICATION

Registered Business Name \_\_\_\_\_

Name of Responsible Persons/Business Owner \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Business \_\_\_\_\_

Date Business Started \_\_\_\_\_

Employer ID Number or SSN: \_\_\_\_\_

Tax Exemption Numbers: State: \_\_\_\_\_

Parish/County \_\_\_\_\_ **(ATTACH EXEMPTION CERTIFICATES)**

Accounts Payable Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

#### TRADE REFERENCE

Business Name	Contact Name	Fax or Email
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

#### BANK REFERENCE

Bank Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Account Number: \_\_\_\_\_

The undersigned person(s) recognizing his or her individual credit history may be a necessary factor in the evaluation of this agreement, hereby consent(s) to and authorize(s) the release of information to the City of Idabel.

**Signature of Customer:**  
\_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Customer agrees to pay all sums as they come due pursuant to invoiced payment terms. In the event that the applicant fails to make any payment hereunder interruption or non-renewal of other city provided services, including, but not limited to water, business licenses, ect.

**Signature of Customer:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_