

**THE SOLID WASTE DISPOSAL AUTHORITY  
OF THE CITY OF HUNTSVILLE**

P.O. Box 2619  
Huntsville, AL 35804-2619  
(256) 880-6054 Fax: (256) 880-7615

***Disposal Application***

<i>For Office Use Only</i>	
Account # :	_____
Approved :	_____
Date :	_____

In order to be processed, this application must be accompanied by a properly completed Solid/Hazardous Waste Determination Form and a signed Credit Authorization Certificate.

Name of Company/Corporation: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Billing Address (include zip code) \_\_\_\_\_

Credit Limits Requested at:

<b>Waste to Energy Facility</b>	<b>Landfill Facilities</b>	<b>Total Not to Exceed</b>
_____	_____	= _____
		<b>\$5,000.00</b>

Telephone Numbers: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ ( ) \_\_\_\_\_

Business License # & Expiration (City or County) \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Type of Material to be Disposed: \_\_\_\_\_

Frequency of Facility Use: \_\_\_\_\_

	Daily	Weekly	Monthly
TRUCK NUMBER	MAKE	YEAR	TYPE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CREDIT REFERENCES**

ACCOUNT NUMBER	COMPANY NAME	TELEPHONE NUMBER	<b>EMAIL (or alternatively, Fax #) (REQUIRED)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant: \_\_\_\_\_

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

Title: \_\_\_\_\_