



CITY of NAPA

**CREDIT APPLICATION
MATERIALS DIVERSION FACILITY
820 Levitin Way, Napa, CA**

Date of Application: _____

CUSTOMER/BORROWER INFORMATION:

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____
Social Security Number or FID# _____
Contact Person: _____

TYPE OF BUSINESS: _____ Corporation _____ Sole Proprietorship _____ Partnership _____
Other

Size of Company: _____ # of Employees: _____ Annual Sales: _____
Maximum Line of Credit Requested: _____

_____ Customer consents that creditor may contact Customers bank to obtain current bank reference:
Name of Bank: _____
Address: _____
Bank Phone Number: _____

_____ Customer consents that creditor may contact a credit reporting Agency.
Customer's Main Product or Service: _____
Number of Years in Operations: _____

Management (Name, Title, Social Security #, Home Mailing Address and Zip Code of Officers, General Partners or Proprietor):

Credit References (Name and Telephone Numbers of at least three of your credit references):
1. _____
2. _____
3. _____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE CITY OF NAPA TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

FIRM NAME: _____

BY: _____
SIGNATURE AND TITLE

CITY OF NAPA CREDIT TERMS AND CONDITIONS

1. Any payment returned to us for insufficient funds will be subject to a bad debt fee not to exceed \$25.00 for the first offense; not to exceed \$35.00 for the subsequent offense; and up to three times the amount of the check with certified demand for payment, in accordance to Municipal Code Chapter 2.32, section 040B and resolution 16 adopted by the city council.
2. You agree to pay all cost of collection including, but not limited to, reasonable attorney fees and court costs.
3. All invoices and unpaid charges are due within 30 days of the invoice date.
4. All accounts past 30 days are considered delinquent.
5. We may close your account if it becomes delinquent or if you have a significant change in management or ownership.
6. You agree to notify us of any significant changes in management or ownership.
7. We may change these terms and conditions at any time. We will notify you by mail if these terms and conditions change.

CUSTOMER VEHICLE IDENTIFICATION

For your protection, please provide your company vehicle license plate numbers that will be using our facility. This information will be linked to your account. You are hereby authorizing charges to your account for material brought in with these vehicles. Please be sure to notify us if you ever sell a vehicle in order for us to remove it from your account and avoid further charges.

Vehicle 1 License Plate # _____

Vehicle 2 License Plate # _____

Vehicle 3 License Plate # _____

Vehicle 4 License Plate # _____

Vehicle 5 License Plate # _____

Vehicle 6 License Plate # _____

Vehicle 7 License Plate # _____

Vehicle 8 License Plate # _____

Vehicle 9 License Plate # _____

Vehicle 10 License Plate # _____

Vehicle 11 License Plate # _____

Vehicle 12 License Plate # _____

Please return application to:

**City of Napa Finance Department
PO Box 660
Napa, CA 94559-0660
Attn: MDF Accounting**

or FAX to: (707) 257-9251

SALES TAX EXEMPTION APPLICATION

City of Napa Materials Diversion Facility
820 Levitin Way, Napa, CA

Materials purchased at the City of Napa Materials Diversion Facility are subject to sales tax. Exemption from sales tax may be requested if: (1) material is used for resale and the purchaser has a seller's permit [complete Parts A and B]; or (2) material is used as a "fertilizer" for agricultural purposes as defined by the State of California [complete Parts A and C].

A. GENERAL INFORMATION

1. Name of purchaser:	
2. Address:	
3. Telephone number:	

B. RESALE CERTIFICATE

1. I hold valid seller's permit number:	
2. I am engaged in the business of selling the following type(s) of tangible personal property:	
3. Description of property to be purchased for resale:	

I hereby certify that I will resell the item(s) listed above, which I am purchasing under this resale certificate, in the regular course of my business operations. This certificate should be considered in effect for each purchase unless indicated otherwise.

Signature: _____ Date: _____

Name/Title: _____

C. AGRICULTURAL EXEMPTION (applies to compost sales only)

1. I am engaged in the following agricultural business:	
2. Purpose of compost use:	

I hereby certify that the compost purchased will be used for agricultural purposes and that its use falls under the definition of "fertilizer" as used in the Food and Agricultural Code. This certificate should be considered in effect for each purchase unless indicated otherwise.

Signature: _____ Date: _____

Name/Title: _____

Please return to:

City of Napa Finance Department
PO Box 660
Napa, CA 94559-0660
Attn: MDF Accounting

or FAX to: (707) 257-9251

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I _____ hereby authorize The City of Napa and its agent,
(Candidate)
SRS to investigate or obtain a report of my credit history from:

ERG Screening
(Equifax, Trans Union, and/or Experian Affiliate)

My signature below authorizes The City of Napa and its agent to obtain information regarding my outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.

I understand that under State law I have the right to request a copy of the above mentioned report.

YES, I would like a copy of the credit report sent to my home address at no additional charge.

Address: _____

NO, I am not requesting a copy of my credit report.

I hereby release The City of Napa and its subcontractors and any credit reporting firm from any liability or legal action resulting from obtaining such information.

This authorization will expire on _____
(date)

Signed: _____ Date: _____
(Signature of applicant)

Social Security Number: _____ - _____ - _____ Date of Birth _____ / _____ / _____