



checked\_

Account#\_

## **GENERAL INFORMATION**

(updated March 2009)

Name	e of Business:			
Mailin	g Address:	City	, State, Zip	
Owne	er:	Contact Person:	Phone Number:	
BANI	K REFERENCES			
Bank:		City:		
Accou	ınt Number:	Contact Person:	Phone Number:	
CRED	OIT REFERENCES			
Trade	::	Address:		
Contact Person:		Phone Number:		
Trade:		Address:		
Contact Person:		Phone Number:		
AUTH	HORIZED SITE USER	S (SIGNATURES)		
Name	2	Name	Name	
<b>THE (</b> 1)		ity for credit extended on the basis of this agreement of the charges being made to that a	ent and to be responsible for all charges to his or had count.	ner account unless he
2)		Pay all finance charges levied against his or her account. No finance charge will be added if the account is paid within thirty (30) days of the billing date. The finance charge is computed by a periodic percentage rate of one percent (1%) which is equivalent to a maximum annual rate of 12%.		
3)	Pay monthly bills within thirty (30) days. If any monthly bill is not paid thirty (30) days from the date of billing, the account will be placed on a <u>cash only</u> basis. If a monthly bill is not paid within sixty (60) days from the date of billing, the account will be placed on a <u>no service</u> basis. No changes in account status will be considered until the past due amount, including finance charges, is paid in full, or a payment schedule has been negotiated. The User further agrees that in the event of suit to collect the past due amount, including finance charges, the User shall pay all reasonable attorney's fees and actual court costs.			
LAND This in	SCAPE RECYCLING CE ntergovernmental facility, i	NTER.	n the City of Urbana and the City of Cham or warranty of the products available at this fac	
***Due to recent federal regulations regarding identity theft, we now require additional documentation for LRC charge accounts. Such items include: Business card, business letterhead, or driver's license with name & address matching the name & address on the account application.				
OWNER SIGNATURE DATE				
Retur	n Completed Form to:	City of Urbana, Accounting Department, Fax (217) 384-2370	, 400 South Vine St., Urbana, IL 61801	FOR CITY USE References