



**SALEM COUNTY IMPROVEMENT AUTHORITY
SOLID WASTE DIVISION**

PO Box 890, 286 Welchville Road
Alloway NJ 08001-0890
856-935-7331 fax 856-935-7900 main scianj.com

SOLID WASTE ACCOUNT APPLICATION

(applicant **must** check one box)

Credit Balance Account (deposit) Cash Account (check/cash) Charge Account

WE CANNOT ACCEPT CREDIT CARDS FROM BUSSINESSES AT THIS TIME

Name and Status

Full Formal Business Name:

(applicant **must** check one box)

Corporation LLC Partnership Sole Proprietor

For Corporation, LLC or Partnership, indicate State where formed:

Taxpayer ID No.:

Individual SSN :

Addresses

Physical Business

Office Address:

Mailing Address

(if different):

DEP No.

NJDEP Solid Waste Transporter's Number:

Please provide the following documents when returning this application:

A copy of your DEP registration

A copy of your Business Registration Certificate

Ownership

Name and Address of each individual owning 10.0% or more of company (attach list if necessary):

Name:

Address:

Name:

Address:

Name:
Address:

Name:
Address:

Contact Information

Business Telephone:	#1	#2
Business Fax:	#1	#2
Owner's Telephone:	#1	#2
Emergency:	#1	#2

E-Mail Address for Invoice & Statements:

E-Mail Address for Scale Tickets (optional):

Schedules

VEHICLE INFORMATION: *Applicant must attach Schedule (A) below, which must be completed and signed.*

TYPE OF SOLID WASTE TO BE DISPOSED:

**Please refer to fee schedule provided and list waste type(s) that will be disposed of at SALEM COUNTY IMPROVEMENT AUTHORITY/SOLID WASTE FACILITY.*

I hereby certify that I am authorized to make this application and that all information submitted on this application is true and correct to the best of my knowledge. I reaffirm that I placed a check mark for: the type of account for which application is made; attached Schedule (A). I understand that if an account is approved it must be maintained on a current basis for my business to continue disposal and delivery privileges at the Salem County Improvement Authority Facility. Should any information change regarding this application, the Salem County Improvement Authority must be notified. I understand that Salem County Improvement Authority will rely on this information and will be granting access to me and the named business in reliance on the information

Signature:

Date:

Print Name:

Position:

For Office Use Only

Deposit Account:

Cash Account:

Charge Account:

Received _____ Approved _____

REFERENCE SCHEDULE (A)

(If a licensed hauler, necessary to list name of hauler only)

DECAL #	TRUCK TYPE	VOLUME (CU YD)	LICENSE PLATE#
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Name of Applicant:

Signature of Applicant:

Date:

GUARANTEE

Name of Business:

I am a principal owner (%) of the above-named business which has applied for an account at the Salem County Improvement Authority. In return for the privileges granted to the business in which I am a principal, I hereby personally guarantee all obligations of the business to the Salem County Improvement Authority.

Date:

Signature:

Print name:

**Please complete this form in its entirety.
Fax, Mail or Email to:**

**Salem County Improvement Authority
Solid Waste Division
PO Box 890, 286 Welchville Rd
Alloway NJ 08001-0890
856-935-7331 (fax)
LFOSTER@scianj.org (email)**