



**MONTGOMERY - OTSEGO - SCHOHARIE SOLID WASTE MANAGEMENT AUTHORITY**

**Customer/Credit Application Package**

This application package contains the following:

- Customer Application
- Customer Vehicle Registration (CVR) Application
- Policy and Procedures Statement
- Credit Authorization to Release Information

<b>FOR MOSA USE ONLY</b>
Date Received:
Customer #:
CVR #(s):
Credit Limit: \$
Entered by:
Approved by:

**Directions:**

The Customer Application must be completely filled out and all requested documents must be submitted to MOSA’s Main Office for consideration.

The person signing the application must initial all pages of the package (*located in the lower left hand corner of each page*).

The original *Customer/Credit Application Package* must be returned. Please read all related policies, procedures, and information located on our website at [www.mosainfo.org](http://www.mosainfo.org) under the **Using MOSA** tab. Hard copies of all related policies, procedures, and information are available upon request.

Failure to satisfactorily complete any part of the application, including initialing the bottom of each page, may result in processing delays.

**Please note the Creditor’s Certification on page 4 must be notarized.**

You will be notified within 45 days of receipt of your application as to your credit determination. Once you receive your CVR cards, you can use the MOSA facilities on a cash/check only basis until you receive your “Notice of Determination of Credit Limit”.



**MONTGOMERY - OTSEGO - SCHOHARIE SOLID WASTE MANAGEMENT AUTHORITY**

**Customer/Credit Application**

Legal Name of Business (as shown on your income tax return)		Legal Address (Street, City, State, Zip Code)	
Business Name, if different from above		Billing Address, if different from above (Street, City, State, Zip Code)	
Federal Identification #	Telephone #	Fax #	E-mail Address
Name of Contact Person	Type of Business		Years in Business

Check the appropriate box:  Individual/Sole Proprietor  Corporation  Partnership  Other \_\_\_\_\_

For Corporation, list all Company Officers and Directors:

Name	Title	Years Held
a.		
b.		
c.		
d.		
e.		
f.		

List all the name(s) of the company(s) in which any of the partners or corporate officers identified in this application have previously operated or been affiliated with that have transported, collected, treated, disposed, processed, or recycled solid waste in the previous five (5) years:

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Initial: \_\_\_\_\_



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**MONTGOMERY - OTSEGO - SCHOHARIE SOLID WASTE MANAGEMENT AUTHORITY**

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**Customer/Credit Application (cont'd)**

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**Credit Limit Information**

Credit Limit Requested: \$ \_\_\_\_\_ Current Credit Limit: \$ \_\_\_\_\_

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**Trade References**

Please list trade references that are currently extending credit:

Name of Company	Contact Person	Account #	Telephone #	Fax #
1.				
2.				
3.				

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**Bank References**

Name of Bank	Bank Address	Contact Person	Telephone #	Checking Acct. #
1.				

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**MOSA reserves the right to request additional information, including but not limited to audited financial statements and/or tax returns, pending review of this application.**

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**Personal Guarantee**

I/We hereby personally guarantee payment of any sums of money due under this agreement. (If this is an application made on behalf of a corporation, the signature below must be of a corporate officer.)

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Initial: \_\_\_\_\_



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**MONTGOMERY - OTSEGO - SCHOHARIE SOLID WASTE MANAGEMENT AUTHORITY**

**Creditor's Certification**

The undersigned certify the following:

1. I/We have applied for credit from the Montgomery-Otsego-Schoharie Solid Waste Management Authority hereinafter referred to as "MOSA". In applying for the credit, I/We have completed the credit application containing information on credit and accounts. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the credit application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that MOSA reserves the right to request and obtain verification of the information provided on, or required by, the credit application with the undersigned's vendors, financial institutions, or any other source.
3. I/We fully understand that under Penal Law Section 210.40, it is a crime, punishable as a class "E" felony under the laws of the State of New York, for a person to knowingly, with intent, in and by a written instrument as a false statement to mislead a public servant in the performance of his official function.
4. This document is not a commitment by MOSA to give the undersigned credit. I/We are not entitled to rely upon any oral statements or commitments made by any employee. MOSA's commitment, if any, to give credit must be by separate written document (entitled "Notice of Determination of Credit Limit") which may be subject to such conditions as MOSA deems prudent.
5. In the event of any dispute regarding this account, including but not limited to failure to pay a bill when due, I/We agree to waive my/our rights to a trial by jury. I/We agree that a lawsuit may be commenced by certified mail, return receipt requested at the address listed on this application, and that a service of summons and/or complaint by such method shall constitute good and proper service of process, or any other lawful means. In the event that legal action is required, I/We agree that MOSA is entitled to collect all court costs and reasonable attorney's fees and expenses.
6. MOSA will not be responsible for lost or stolen customer cards. If a card is lost or stolen, please notify MOSA immediately for replacement cards.
7. By affixing my signature hereto, I hereby attest that I am the owner, or a responsible officer of the corporate owner of the entity executing this application, and that I am authorized to execute such application; I am familiar with the Rules and Regulations of MOSA as they pertain to their Solid Waste Facilities.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature and Title of Authorized Officer

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date



**MONTGOMERY - OTSEGO - SCHOHARIE SOLID WASTE MANAGEMENT AUTHORITY**

**Customer Vehicle Registration (CVR)**

Customer Name: _____	<b>FOR MOSA USE ONLY</b>
	Customer #: _____

For MOSA use: _____	License Plate #: _____	
Make: _____	Year: _____	Color: _____
Type of Vehicle: ( ) Packer ( ) Closed ( ) Roll-Off ( ) Pickup ( ) Other		

For MOSA use: _____	License Plate #: _____	
Make: _____	Year: _____	Color: _____
Type of Vehicle: ( ) Packer ( ) Closed ( ) Roll-Off ( ) Pickup ( ) Other		

For MOSA use: _____	License Plate #: _____	
Make: _____	Year: _____	Color: _____
Type of Vehicle: ( ) Packer ( ) Closed ( ) Roll-Off ( ) Pickup ( ) Other		

For MOSA use: _____	License Plate #: _____	
Make: _____	Year: _____	Color: _____
Type of Vehicle: ( ) Packer ( ) Closed ( ) Roll-Off ( ) Pickup ( ) Other		



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**MONTGOMERY - OTSEGO - SCHOHARIE SOLID WASTE MANAGEMENT AUTHORITY**

**Policy and Procedures Statement**

I certify that I have read and understand the following policies, procedures, and information:  
*(Available on our website – [www.mosainfo.org](http://www.mosainfo.org) – under the **Using MOSA** tab. Hard copies of all related policies, procedures, and information are available upon request.)*

- **Credit Limit Policy**
- **Returned Check Policy**
- **Commercial Hauler Procedures Manual**
- **Rate Schedule**
- **Letter clarifying subsidization**

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Signature and Title

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Date

**Credit Authorization to Release Information**

To Whom It May Concern:

1. I/We have applied for credit from Montgomery-Otsego-Schoharie Solid Waste Management Authority (MOSA). As part of the application process, MOSA may verify information contained in my/our credit application and in other documents as required.
2. I/We authorize you to provide to MOSA any and all information and documentation that they request. Such information includes but is not limited to bank information, account balances, and credit history.
3. MOSA may address this authorization to any party named in the credit application, along with a credit bureau.
4. I/We agree to hold you and MOSA harmless from any and all liability which may result from the transmission of any information provided hereunder.
5. A copy of this authorization may be accepted as original.
6. Your prompt reply to MOSA is appreciated.

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\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security/Fed ID #

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\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title