



MONTGOMERY - OTSEGO - SCHOHARIE SOLID WASTE MANAGEMENT AUTHORITY

Municipal Customer Application Package

This application package contains the following:

- Customer Application
- Customer Vehicle Registration (CVR) Application
- Policy and Procedures Statement

FOR MOSA USE ONLY
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 *Municipal Customer Application Package* must be returned. Please read all related policies, procedures, and information located on our website at 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 3 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”.



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Municipal Customer Application

Applicants Name & Address (Municipality Name, Street, City, State, Zip Code)		Billing Address, if different (Street, City, State, Zip Code)	
Federal Identification #	Telephone #	Fax #	E-mail Address
Name of Contact Person			

Credit Limit Information

Credit Limit Requested: \$ _____ Current Credit Limit: \$ _____

Voucher Required? Yes No

Initial: _____



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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". 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 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.
3. 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.
4. 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.
5. 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.
6. By affixing my signature hereto, I hereby attest that I am a responsible official of the municipality 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



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Customer Vehicle Registration (CVR)

Customer Name: _____	FOR MOSA USE ONLY
	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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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 – under the **Using MOSA** tab. Hard copies of all related policies, procedures, and information are available upon request.)*

- **Returned Check Policy**
- **Procedures Manual**
- **Rate Schedule**
- **Letter clarifying subsidization**

Signature and Title

Date