

MONTGOMERY - OTSEGO - SCHOHARIE SOLID WASTE MANAGEMENT AUTHORITY

Small Business Application Package – No Credit

This application package contains the following:

- Customer Application
- Policy and Procedures Statement

FOR MOSA USE ONLY
Date Received:
Customer #:
CVR #(s):
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 original *Small Business 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 may result in processing delays.

Please note the Certification on page 2 must be notarized.

For this type of account, the only acceptable forms of payment at the scale house are cash or a check in the registered applicant’s name.

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.)

- **Returned Check Policy**
- **Procedure Manual**
- **Rate Schedule**

Signature and Title

Date



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Small Business Application – No Credit

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 # or Social Security #	Telephone #	Fax #	E-mail Address
Authorized Officer/Owner/Partner		Name of Contact Person	
Type of Business		Years in Business	

Certification

The undersigned certify the following:

1. I/We certify that all of the information contained in this application is true and complete. I/We made no misrepresentations in the 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. In the event of any dispute regarding this account, including but not limited to failure to pay, 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.
4. 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.
5. By affixing my signature hereto, I hereby attest that I am the owner, a partner, or a responsible officer of the business applying, 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