



NEW HANOVER COUNTY  
FINANCE DEPARTMENT

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CREDIT APPLICATION COVER SHEET  
REQUIREMENTS

To be considered for a credit account with New Hanover County, please fill out all forms as defined by our credit policy.

- **Application must be signed by an officer/owner of the company and the signature must be notarized.**
- **NHC requires a copy of business license or copy of general contractors license before credit account is approved.**
- Allow 10 business days for application to be reviewed and processed.
- Application can be submitted to our office in person, by mail, email or fax.
- Applications should be mailed/faxed or emailed to:
  - New Hanover County Finance  
230 Government Center Drive, Suite 165  
Wilmington, NC 28403
  - Fax : (910) 798-7806
  - Email : [lsanders@nhcgov.com](mailto:lsanders@nhcgov.com)



# NEW HANOVER COUNTY APPLICATION FOR CREDIT

## SECTION A. BUSINESS CONTACT INFORMATION

Name of Company or Individual

Street City State Zip Code

Email Phone Fax Cell

Date Business Commenced Have you ever had an account with New Hanover County? If so, under what name?

Corporation  Limited Liability Company (LLC)  Partnership  S Corporation  Sole Proprietorship

## SECTION B. CREDIT INFORMATION

### ATTACH COPY OF BUSINESS LICENSE OR PERMIT TO DO BUSINESS

Type of Account Requested:  Landfill

Credit Limit Requested :  \$500.00  \$1,000.00  \$2,500.00  \$5,000.00  \$7,500.00  \$10,000.00  
 \$20,000.00+

Name / Number That Appears On License or Permit

Social Security Number Tax ID Number Dun & Bradstreet Number (if available)

Bank Reference Account Number Phone Number Fax Number

## SECTION C. TRADE REFERENCES

Trade Reference Number 1:

Name of Company Phone Fax Number / Email

Street City State Zip Code

230 GOVERNMENT CENTER DRIVE, SUITE 165, WILMINGTON, NORTH CAROLINA 28403

Telephone (910) 798-7187 - Fax (910) 798-7410

Website: [www.nhcgov.com](http://www.nhcgov.com)

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# NEW HANOVER COUNTY APPLICATION FOR CREDIT

## SECTION C. TRADE REFERENCES (continued)

Trade Reference Number 2:

_____	_____	_____	
Name of Company	Phone	Fax Number / Email	
_____	_____	_____	_____
Street	City	State	Zip Code

Trade Reference Number 3:

_____	_____	_____	
Name of Company	Phone	Fax Number / Email	
_____	_____	_____	_____
Street	City	State	Zip Code

**PERSONAL GUARANTEE:** This section must be completed.

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other business entity with which the undersigned is or may be affiliated.

The use of my corporate title is only to identify my position in the company and in no way negates my personal guarantee.

1. I agree to pay all charges to this account by the 20<sup>th</sup> day of the month as billed.
2. Payment in full must be received in the NHC Finance Office by the due date or late fees will be assessed. In the event my account is not settled by the due date, NHC is required to assess my account with a finance charge of 1.5% that will be added to the outstanding balance each month thereafter until my account is paid in full.
3. I certify that all information given on this application is correct and I authorize New Hanover County to obtain a credit report and check references.
4. I understand that a credit limit will be imposed on this account.
5. New Hanover County reserves the right to terminate credit privileges without notice and demand payment in full on all accounts if any account becomes delinquent.
6. I have read, understand and agree to the county's credit terms.

_____	_____ (SEAL)
Print Name of Applicant	Signature of Applicant

_____	_____
Date	Title

State of _____	County of _____
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I, \_\_\_\_\_, a Notary Public for said County and State, do certify that \_\_\_\_\_ appeared before me this \_\_\_\_\_ day of \_\_\_\_\_, 2011 and acknowledged the execution of this instrument.

My Commission Expires _____	_____
	Notary Public



## NEW HANOVER COUNTY TRADE REFERENCE REQUEST

### SECTION A. BUSINESS CONTACT INFORMATION (Completed by New Hanover County)

Name of Business

Street

City

State

Zip Code

### SECTION B. CREDIT REFERENCE (Completed by trade reference)

Your company was given as a trade reference. New Hanover County would appreciate any information concerning your credit experience with this company.

The confidentiality of this information will be preserved except where disclosure of this information is required by applicable law. We will not hold you or any of your staff members responsible for the accuracy of this report.

Company Name

Phone

Fax / Email

Address

City

State

Zip Code

#### Account Information

1. When was account opened: \_\_\_\_\_
2. High Credit: \$ \_\_\_\_\_ Terms: \_\_\_\_\_
3. Current Balance: \$ \_\_\_\_\_ Past Due: \$ \_\_\_\_\_
4. Would you extend credit to this company again?  Yes  No
5. Rating:  Excellent  Good  Satisfactory  Poor

Comments:

#### Trade Reference Contact:

Name and Title

Date

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## NEW HANOVER COUNTY BANK REFERENCE FORM

### SECTION A. BUSINESS CONTACT INFORMATION

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### SECTION B. TO BE COMPLETED BY THE BANK

Your bank has been designated by the above as their principal depository and banking reference.

The confidentiality of this information will be preserved except where disclosure of this information is required by applicable law. We will not hold you or any of your staff members responsible for the accuracy of this report.

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax / Email \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Depository Accounts

1. This customer has been with our bank since: \_\_\_\_\_
2. Account Number: \_\_\_\_\_ Type: \_\_\_\_\_
3. Average Balance (past 6 months): \$ \_\_\_\_\_ Current Balance: \_\_\_\_\_
4. Any Overdrafts? Floats? Returned Checks?  Yes  No
5. Rating:  Excellent  Good  Satisfactory  Poor

#### Credit Accounts

1. We have granted credit to them since: \_\_\_\_\_
2. Current line of credit extended: \_\_\_\_\_
3. Is this secured?  Yes  No
4. Current balance in line: \_\_\_\_\_
5. Renewal date of line: \_\_\_\_\_
6. Has the line been handled as agreed?  Yes  No
7. Rating:  Excellent  Good  Satisfactory  Poor

#### Bank Officer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

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## NEW HANOVER COUNTY

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**LISA WURTZBACHER**  
Finance Director

**BARBARA D. MCCLURE**  
Assistant Finance Director

### AUTHORIZATION TO RELEASE TRADE AND BANK CREDIT INFORMATION

I voluntarily consent to authorize NewHanover County or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference.

I also hereby release New Hanover County from all liability for damages or claims which may arise or result from any reference information gathered pursuant to this authorization.

If I am declined credit due to information contained in my background information, I will be informed in writing as required under the Fair Credit Reporting Act of 1970 as amended in 1996.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Authorized Officer Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*As part of its due diligence, New Hanover County requires that a background investigation of trade and banking references be conducted. It is expressly understood that any information given is to be used for the sole purpose of determining my acceptability for credit.*

*If you have any questions please contact Lyn Sanders, New Hanover County Finance Department at (910) 798-7416 or by email [lsanders@nhcgov.com](mailto:lsanders@nhcgov.com).*

**Completed forms may be faxed to (910) 798-7806 or email directly to [lsanders@nhcgov.com](mailto:lsanders@nhcgov.com)**

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