



Garden City Compost  
Credit Application

Name of Company: \_\_\_\_\_

Company Owner(s)/Officers: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person for payment: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Authorized Account Users:

\_\_\_\_\_  
\_\_\_\_\_

Banking Reference

Name of Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit references

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I hereby certify the information contained herein is complete and accurate. Furthermore I hereby authorize the financial institution listed in this credit application to release necessary information to the City of Missoula for which credit is being applied for in order to verify the information contained herein.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_