

**City of Rapid City Landfill
Request for Credit Account**

If you are interested in a credit account at the landfill, please provide **all** the following information:

Name of Business: _____

Person Responsible for Business Debts: _____

Billing Address: _____

Phone: _____ **Fax:** _____

Number of Years in Business: _____

Credit Reference #1:

Name of Business: _____

Billing Address: _____

Phone: _____ Fax: _____

Credit Reference #2:

Name of Business: _____

Billing Address: _____

Phone: _____ Fax: _____

Signature: _____ **Date:** _____

Return completed application to the Landfill Scale Attendant or mail to the Rapid City Landfill, Attn: Dan Roth, 300 6th Street, Rapid City, SD 57701.