



APPLICATION FOR CREDIT

Aransas County Transfer Station

Fill out Completely, Date, Sign and Return to:

Aransas County Treasurer
301 N. Live Oak, Rockport, TX 78382
361-790-0132 Fax: 361-790-0165

APPLICANT

Name of Applicant: _____ Title: _____

Name of Business: _____ Type of Business: _____

Physical Address: _____

Mailing/Billing Address: _____

A/P Contact Person: _____

Telephone: _____ Fax: _____

E-Mail: _____

Authorized Users: _____

CREDIT REFERENCES

Please list three (3) references that we may call upon to complete your Application.

1. NAME: _____ COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ Fax: _____

EMAIL: _____

2. NAME: _____ COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ Fax: _____

EMAIL: _____

3. NAME: _____ COMPANY: _____

ADDRESS: _____

TELEPHONE: _____ Fax: _____

EMAIL: _____

_____ Date _____ Signature of Applicant

COUNTY USE ONLY

Application Received By: _____ Date: _____

Application Approved By: _____ Date: _____