



**City of Casper  
Public Services Department  
Solid Waste Division**

**Credit Application**

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

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

\_\_\_\_\_

Physical Address: \_\_\_\_\_  
[If Different]

\_\_\_\_\_

Local Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**THREE LOCAL CREDIT REFERENCES WITH FAX NUMBERS (CANNOT BE A FINANCIAL INSTITUTION):**

Reference's Business Name	Reference's Fax Number
1.	
2.	
3.	

