

**TOWN OF FAIR HAVEN, VERMONT**  
**POLICY FOR EXTENSION OF CREDIT TO ELIGIBLE BUSINESSES — TRANSFER STATION**

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This policy establishes the procedure for the extension of credit to businesses eligible to use the Town Transfer Station.

1. Generally, the extension of credit shall be the exception not the rule.
2. The Selectboard shall be the sole entity authorized to extend the privilege of short-term (60-day) credit, billed monthly, to eligible businesses related to the Town Transfer Station drop-off fees. The Selectboard may delegate the administrative process for determining credit worthiness to the Town Manager. However, the approval process shall remain and reside with the Selectboard. For purposes of this policy, the Transfer Station Attendants are not agents of the Selectboard related to the approval of credit extension.
3. Individual residents generally are not eligible to receive an extension of credit. However, the Selectboard, on a case-by-case basis, may opt to receive an application for such credit given extenuating/emergency circumstances.
4. Any business eligible to drop off waste/recyclables at the Town Transfer Station seeking the extension of credit shall file with the Town Manager a duly completed credit application.
5. Upon receipt of a completed application, the Selectboard will conduct any necessary credit background check to determine the credit worthiness of the applicant. At a minimum, the background check will include determining whether an applicant is up-to-date on property tax payments, sewer & water user fees, and any other financial obligations payable to the Town of Fair Haven.
6. Given the results of the credit background check, the Selectboard shall act on the applicant's request, ideally, within 30 days from the date of the receipt of the completed credit application form.
7. Once the Selectboard approves an extension of credit not to exceed 60 days, the Town Manager shall be responsible for the administration of such credit and related payment, fiscal reporting, etc. During each visit by the applicant to the Transfer Station, the Transfer Station Attendants shall issue the applicant a date stamped receipt of the drop-off fees credited that visit at published rates. In addition, the Transfer Station Attendants shall maintain an accurate record of the applicant's number of transfer station visits and the amount of drop-off fees credited to the

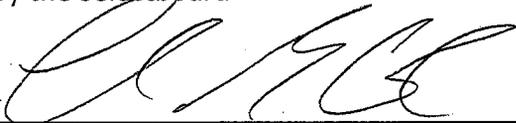
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Policy for Extension of Credit to Eligible Businesses – Transfer Station

applicant. The Transfer Station Attendants shall report that information to the Town Manager on a weekly basis. No later than monthly, the Town Manager will invoice the applicant accordingly based on the Transfer Station Attendant's reports and based upon any outstanding balance.

8. Invoices issued to the applicant shall be payable immediately upon receipt. Failure to pay any invoice may result in immediate termination by the Selectboard of any further credit. To collect any unpaid invoice, the Selectboard/Town Manager may use any means legally enforceable to recover its costs including attorney's fees.

Dated at Town of Fair Haven, County of Rutland, State of Vermont, this 1st day of April, 2013

By the Selectboard



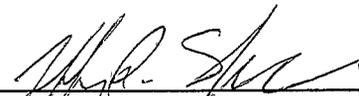
Christopher Cole, Chair



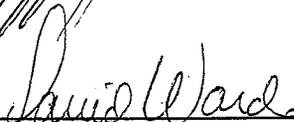
Claire Stanley, Clerk



Bob Richards



Jeff Sheldon



Dave Ward

TOWN OF FAIR HAVEN, VERMONT  
**TRANSFER STATION CREDIT APPLICATION FOR A BUSINESS  
 ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

Other

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**BUSINESS/TRADE REFERENCES**

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

**AGREEMENT**

1. All invoices are payable upon receipt.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize the Town of Fair Haven, VT to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:

Title:

Date:

Date: