



Cape May County Municipal Utilities Authority
Post Office Box 610, Cape May Court House, NJ 08210 (609) 465-9026
CAPEORGANIC COMPOST APPLICATION

THIS FORM IS TO BE COMPLETED BY APPLICANT DATE: _____

BUSINESS INFORMATION

Business Name _____

Business Address _____

Mailing Address _____

Type of Business _____

Owner/Manager Name _____

Business Phone _____ Owner/Mgr Phone _____

Social Security or Federal ID Number _____

TYPE OF PAYMENT

Cash/Check

To be billed monthly

CUSTOMER ACCOUNT INFORMATION

Name of Bank check will be drawn on _____

Bank Address _____

Bank Phone Number _____

Checking Account Number _____

BUSINESS REFERENCES

1. _____

2. _____

3. _____

DELIVERY METHOD

Delivery to be by CCMUA

Customer will pick up material
Vehicle Information License Plate# _____

**I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COORECT TO THE
BEST OF MY KNOWLEDGE. I REALIZE THAT MY CREDIT ACCOUNT MUST BE
KEPT CURRENT IN ORDER FOR ME TO MAKE FUTURE PURCHASES.**

CUSTOMER SIGNATURE

DATE

ACCOUNT NO: _____