



SKAGIT COUNTY PUBLIC WORKS DEPARTMENT

1800 Continental Place, Mount Vernon, WA 98273-5625
(360) 336-9400 FAX (360) 336-9478

SKAGIT COUNTY ACCOUNT APPLICATION

Date of Application _____

Company Name _____

Street Address _____

City, State, Zip _____

Billing Address _____

City, State, Zip _____

Telephone Number _____ Fax Number _____

Type of Business _____ Annual Sales _____

Government _____ Corporation _____ Partnership _____ Proprietorship _____

Contact Person _____ Tax ID Number/UBI Number _____

Years in Business _____ Years at Present Location _____

BUSINESS REFERENCES

Name of Business	Address	Phone #	Fax #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Signature of Applicant _____

Print Name _____ Title _____

Please list names of people authorized to charge to account. If name is not on list, charge will not be allowed. Use back of form for additional names, if needed.

Account approved by: Controller _____ Date _____

Account denied by: Controller _____ Date _____