



COM-TIL PURCHASING ACCOUNT INFORMATION (PART I)

Please print your information as neatly as possible. **Necessary** information will be highlighted:

	ME /BUSINESS NAME:	
	DRESS:	
CITY:	ST: ZIP:	
PHONE:	WEBSITE:	
BILLING ADD	RESS (if different):	
CITY:	ST: ZIP:	
Billing Contac	ct (if applicable)	
PHONE:	EMAIL:	
Federal Tax ID	O or EIN	
PRIMARY CON	IO ☐ YES — (Must provide a blanket exemption form with this application or you will be taxed) NTACT FOR THE ACCOUNT:	
PHONE:	CELL:	
EMAIL:		
Your account in	nformation will only be used for Com-Til business, including accounting/billing and sales notice	s.
The City of	Columbus Compost Facility publishes a list of businesses that sell Com-Til to the retail market and/or will deliver Com-Til to the public. There is no obligation or fee.	
PLEASE MAKE A	SELECTION BELOW:	
□ YES, I war	nt my business listed as: HAULER - You are available to deliver to another accountholder, or willing to resell & deliver Com-Til to a public. RETAILER - Your business location stocks Com-Til products so the public may purchase at your site. (Musinave a storefront address or location to belisted)	
	ot list my company information. We will consider you a private accountholder, and will not share any o tion with the public.	Ť

Please submit completed & signed application in person, by email (hmc. lockbourne, OH 43137), or by mail to: Com-Til Accounts, 7000 Jackson Pike, Lockbourne, OH 43137





COM-TIL PURCHASING ACCOUNT - TERMS & CONDITIONS (PART II)

This agreement contains provisions for volume discounts regarding specific Com-Til products.

Please READ and INITIAL each section before signing.

		ACCOUNT CRITERIA
agents or users. Please attach a list of	authorized users on this accoun	lers in good standing andtheir authorized t. If trucking companies will be used as vill be hauling on the account that day.
every 12 month period your account remai We review all sales totals twice a year (Au	cubic yards of Com-Til product with ns active. gust and February) and will send not	in 12 months of this agreement date, and in tices twice a year. You can request an account may be suspended if within a year you do not
Account Types and Preferred Product	– Please check the appropriate l	boxes to meet your needs:
	or more purchased within a 1	.2 month period
\$100 initial deposit is required t Com-Til Plus	o open a 'Standard' Account (3/8" screened material)	2021 Price: \$16.00/yd³
□ Premium Account - 300yd \$1,000 initial deposit is required □ Com-Til Plus	l ³ or more purchased within a d to open a "Premium" Account. (3/8" screened material)	12 month period 2021 Price: \$12.00/yd ³
Purchasing Deposit is required Your deposit is dictated by the type of account Treasurer. We cannot process cash, credit/	ount you choose. Deposits are accept	ed by CHECK ONLY , payable to: Columbus City
	forfeiting any remaining funds on th	count is closed or suspended for any reason in e account. Please contact the Compost Facility
We will honor the prices on this signed agree	- ,	which you signed. If the Compost Facility elects d letter/postcard) to notify you at least 1 month
		PAYMENT AND PURCHASING
ACCOUNT RENEWAL – Assumi	= -	ing and meets purchasing requirements, o terminate this agreement.
	& payment history will be reviewed to account.	to submit a new agreement and possible deposit by management, and the Compost Facility will





_____TERMS OF PAYMENT – For ANY questions or issues with your bill or account, you must contact the Compost Facility as soon as possible.

Throughout the current pandemic, the bill-of-sale generated by a transaction will be saved and emailed to the account email listed in the account application at the end of the month. If a bill-of-sale is required prior to the end of the month, contact the Compost Facility and it can be emailed to you as soon as possible. An invoice will later be mailed to the address you provide. You are responsible for paying your bills correctly and on-time. Payment is due 28 days after the billing date.

If your balance remains unpaid for 90+ days your account will account (old or new) until we can verify that you have remitte		will refuse any purchases on your
CLOSING THE ACCOUNT/ENDING THIS AGREED close your account, in whole or in part, if you fail to comply you no less than seven (7) days prior to the effective date. your account, for any reason, by providing seven (7) days wr	with the terms. In this event, we with the terms. In this event, we will be to to to to the right to to	we will provide a written notice to erminate this agreement and close
If this agreement is terminated by either party, you are obligated account was active.	ited to the Terms of Payment f	or any products purchased while the
		LOADING & SAFETY
No vehicle will be loaded until the customer of Throughout the current pandemic, the front office is closed account is being purchased through. We will tell you where to	to customers. Please call 614-	645-3152 to let us know which
You will tell us immediately if you need to rem We will try to keep unauthorized persons from using your accepayment.		
REMAIN IN YOUR VEHICLE WHILE BEING LOAI Leveling & tarping may be done before being weighed & invo Franklin County!		
Transactions are specified as being one (1) load per vehicle. You are responsible for knowing the weight limits of your veh	nicle. We will not load any vehi	cle beyond DOT's limit of 80,000 lbs.
		AUTHORITY TO BIND
By your signature, you confirm that you have authority t	o bind yourself and your respe	ctive organization to this agreement.
I, the undersigned, certify that all information on this applic enter into this agreement with the Columbus Department o held to all terms and posted safety rules.		
Customer/Account Owner	City of Columbus Co	empost Facility
Signature Date	Signature	Date
Printed Name	Printed Name	
Title	Title	

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