



ACCOUNT NUMBER _____

**MARTIN COUNTY BOARD OF COUNTY COMMISSIONERS
UTILITIES & SOLID WASTE DEPARTMENT**

ACCOUNT APPLICATION

**FOR DUMPING PRIVILEGES AT THE MARTIN COUNTY TRANSFER STATION
AND/OR OTHER FACILITIES**

APPLICANT BUSINESS NAME: _____

OWNER'S NAME: _____

FEDERAL ID #: _____

TELEPHONE # and FAX #: _____

ADDRESS: _____

EMAIL FOR ELECTRONIC CUSTOMERS: _____

ESTIMATED TONS DUMPED PER MONTH: _____

IDENTIFICATION OF APPLICANT'S VEHICLES: (use back for more vehicles)

TYPE OF VEHICLE _____

MAKE/YEAR _____

TAG # / STATE _____

I hereby apply for an account to use the Martin County Landfill and agree to pay my monthly invoice/statement promptly. I attached herewith a cash prepayment in the amount of 150% of my estimated monthly dumping charges based on the above tonnage estimate. This amount will be my credit limit and I will not be allowed to dump over this amount until current charges are paid-in-full.

In lieu of a cash prepayment, customers may choose to use a bond or credit card.

I further understand that if my account is not paid WITHIN 15 DAYS of the billing date, my dumping privileges will be subject to suspension until such time as my account is PAID-IN-FULL.

Martin County reserves the right to refuse any or all applications. All monies will be returned to rejected applicants.

SIGNATURE: _____

PRINTED NAME: _____

TITLE IN COMPANY: _____

DATE: _____