



ACCOUNT NUMBER \_\_\_\_\_

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

**ACCOUNT APPLICATION**

**FOR DUMPING PRIVILEGES AT THE MARTIN COUNTY LANDFILL FACILITIES**

DATE: \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_

APPLICANT BUSINESS NAME: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

DO YOU WANT YOUR TICKETS AND INVOICES EMAILED TO YOU:      YES       NO

EMAILS: \_\_\_\_\_

ESTIMATED TONS DUMPED PER MONTH: \_\_\_\_\_

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

Customers may pay with cash, checks, and credit cards. I understand that if my account is not paid WITHIN FIFTEEN (15) DAYS of the billing date, my dumping privileges shall be subject to suspension until such time as my account is PAID-IN-FULL. I further understand that I am solely responsible for the full reconciliation of my tickets, account activity, and account payments.

Martin County reserves the right to refuse any or all applications. All monies shall be returned to rejected applicants. I agree to: (1) Pay Martin County's attorneys' fees and court costs should Martin County prevail in a lawsuit to collect any delinquent charges; (2) Waive any trial by jury in connection with any lawsuit brought in connection with any collection action.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TITLE IN COMPANY: \_\_\_\_\_

**USE PAGE 2 TO LIST VEHICLE INFORMATION:**

**IDENTIFICATION OF APPLICANT'S VEHICLES:**

**TYPE OF VEHICLE** \_\_\_\_\_

**MAKE/ YEAR** \_\_\_\_\_

**TAG # / STATE** \_\_\_\_\_

**TYPE OF VEHICLE** \_\_\_\_\_

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