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**COUNTY OF VOLUSIA**  
**Accounting Services**  
**APPLICATION FOR CREDIT AT LANDFILL & TRANSFER STATION**

**Company Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Owners Names(s)** \_\_\_\_\_ **Address(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Type of Account(s):** \_\_\_\_\_

**Credit Information:** (Include finance company loans and other credit accounts)

Creditor Name & Address	Telephone Number	Account Number	Balance Due
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

- Requirements:**

  - Company Name and weight capacity in cubic yards printed in **letters not smaller than 3"** on door on each side of the vehicle.
  - Satisfactory and adequate equipment in good repair.

**Terms:**

  - Company must obtain Commercial Collection and waste tire transportation license.
  - A weekly minimum of \$15.00 is required to continue charge privileges.
  - Payment due within 25 calendar days after billing.
  - Interest charge of 1 1/2 percent per month of the unpaid balance shall be assessed on all delinquent accounts.
  - Failure to pay within 45 days may result in:
    - discontinuance of the charge account;
    - cash basis for all future use of landfill or transfer station;
    - denial of use of the landfill or transfer station until account is paid in full; or
    - a default under any Volusia County franchise contract that requires payment of fees at the landfill or transfer station.

The above information is true and complete and is authorization to verify the accuracy thereof and to procure such additional information as is required to appraise this application. Upon approval, all of the undersigned understand and agree that the use of the account shall be pursuant to the terms of this application, specifically, all of the undersigned acknowledge and agree, jointly and severally, to pay the account herein applied for, in full.

_____ <b>SIGNATURE</b>	_____ <b>TITLE</b>	_____ <b>DATE</b>
_____ <b>SIGNATURE</b>	_____ <b>TITLE</b>	_____ <b>DATE</b>
_____ <b>SIGNATURE</b>	_____ <b>TITLE</b>	_____ <b>DATE</b>

## BANK AUTHORIZATION FORM

To be submitted to Applicants Bank:

**Name of Bank:** \_\_\_\_\_

**Bank Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

Please complete the following Credit Information Section which relates to my accounts (my company accounts) and return to:

**County of Volusia  
Accounts Receivable Supervisor  
123 W Indiana Ave  
DeLand, FL 32720**

Phone: 386 736-5933 ext. 2693 or Fax 386 822-5042

Account number(s):   Checking Account No. \_\_\_\_\_

                                  Loan Account No. \_\_\_\_\_

### **CREDIT INFORMATION SECTION (For Bank Personnel Only)**

#### **CHECKING ACCOUNT**

Date Account was opened: \_\_\_\_\_

Average Account Balance:   \$ \_\_\_\_\_

Bank Personnel Initials: \_\_\_\_\_

#### **LOAN INFORMATION**

Original Amount of Loan: \_\_\_\_\_

Current Loan Balance:       \$ \_\_\_\_\_

Status of Loan Payments: Check One

☐ Current

☐ Past Due

Bank Personnel Initials: \_\_\_\_\_

I \_\_\_\_\_ hereby, authorize the above-mentioned bank to

*Please print name here*

release my personal (company) banking history to the County of Volusia for credit purposes only.

Sincerely,

\_\_\_\_\_  
Signature of Applicant

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_