Thank you for your interest in applying for credit with the Volusia County Solid Waste Division.

The following locations are available for disposal:

Tomoka Farms Road Landfill  
1990 Tomoka Farms Road  
Port Orange, FL 32128

West Volusia Transfer Station  
3151 E. New York Avenue  
DeLand, FL 32724

Credit Terms are as follows:
- 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
  - Credit card and/or cash basis for 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.

Pre-requisites:
- Company must obtain Commercial Collection and Waste Tire Transportation License

Requirements:
- Company name and weight capacity in cubic yards printed in letters not smaller than 3” on each side of the vehicle.
- Satisfactory and adequate equipment in good repair.
- **ALPHA Code (issued by Volusia County, Solid Waste) shall be displayed in numbers no smaller than 3” on left side of truck.**

Please complete the attached application and FAX the application and your W-9 to:
- County of Volusia
- Accounts Receivable Supervisor
- 123 W Indiana Avenue
- DeLand, FL 32720
- FAX: (386) 822-5042
- PHONE: (386) 736-5933
ACCOUNTING SERVICES
APPLICATION FOR CREDIT AT LANDFILL & WEST VOLUSIA TRANSFER STATION

PLEASE PRINT
Company Name: ___________________________ Phone: (____) _______ _______

E-Mail ___________________________ City ___________ State _______ Zip _______

Physical Address: ___________________________ City ___________ State _______ Zip _______

Mailing Address: (If Different from above) ___________________________ City ___________ State _______ Zip _______

Type of Business: ___________________________

Owner’s Name(s): ___________________________ Address: ___________________________

Owner’s Name(s): ___________________________ Address: ___________________________

Owner’s Name(s): ___________________________ Address: ___________________________

CREDIT INFORMATION - Please list at least three creditors
Credit card companies and financial institutions are not acceptable.

<table>
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<tr>
<th>Creditor Name</th>
<th>Address</th>
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<th>Fax/E-mail</th>
<th>Balance Due</th>
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Terms:
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* 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:
  1. Discontinuance of the charge account
  2. Credit card/cash basis for all future use of landfill or transfer station
  3. Denial of use of the landfill or transfer station until account is paid in full; or
  4. A default under any Volusia County franchise contract that requires payment of fees at the landfill

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 separately, to pay the account herein applied for, in full

Signature ___________________________ Printed Name: ___________________________ Title: _______ Date: _______

Signature ___________________________ Printed Name: ___________________________ Title: _______ Date: _______

Signature ___________________________ Printed Name: ___________________________ Title: _______ Date: _______

FAX THE COMPLETED APPLICATION ALONG WITH YOUR W-9 TO:
ACCOUNTS RECEIVABLE SUPERVISOR FAX NO: (386) 822-5042 PHONE NO: (386) 736-5933