

COMMERCIAL CREDIT ACCOUNT APPLICATION

Baltimore County, MD Bureau of Solid Waste Management

111 West Chesapeake Avenue, Room 211
Towson, MD 21204
410-887-2000



This application is submitted in order for the applicant to utilize a commercial account at Baltimore County Solid Waste Facilities. If you are approved for a credit account based on this application, you will not be required to pay the disposal fee at the time of each visit to Solid Waste Management Facilities. Instead, Baltimore County will bill you on a monthly basis.

- At no time are you able to exceed a \$10,000 credit limit unless prior approval has been given.
- A monthly statement will be mailed to the billing address on your application for any balance due on your account. Payment is due 30 days from the date of the invoice. If payment is not received by that date, your account will be delinquent. If your account becomes delinquent, you will be denied access to all Baltimore County disposal facilities until the balance is paid in full.
- Notification of any dispute or error on your statement must be received within sixty days of the invoice date in writing at the Bureau of Solid Waste Management. Any transaction not disputed within that sixty-day period is deemed valid and authorized.
- You are responsible for notifying the County within ten days of any change to your billing address and or other information on this application.
- You may be required to affix a unique identifier to your disposal vehicle (such as a sticker or tag). If this identifier is not properly affixed to the vehicle, access to the facility will be denied.

Payments may be sent to the Office of Budget and Finance, 400 Washington Avenue, Room 150, Towson, MD 21204 or made online. Please do NOT pay by individual transactions that occur during the month.

Baltimore County reserves the right to revoke your credit account:

1. If the account is delinquent 3 or more times in a 6-month period.
2. If 2 or more checks tendered by you in payment of the account are returned by the bank.
3. If your account is inactive for a period of one year.
4. If the account violates the credit account rules.
5. If it is discovered waste delivered to the facilities was not generated in Baltimore County. If you have any questions or need to report changes to the information on this application, email swmcommercialaccount@baltimorecountymd.gov

***Note: All waste delivered to the facility MUST be generated in Baltimore County.**

I have read, understand, and agree to abide by the rules stated above to maintain a credit account at Solid Waste Management Facilities.

Date

Authorized Signature (This field is required and constitutes as an electronic signature)

Title

Printed Name

All CREDIT APPLICATIONS FORMS MUST BE RETURNED. The forms should be scanned and emailed to swmcommercialaccount@baltimorecountymd.gov

SOLID WASTE COMMERCIAL CREDIT ACCOUNT APPLICATION

I hereby make application for extension of credit to cover disposal charges on refuse to be hauled to Solid Waste Management Facilities and submit the following information relative thereto:

(All information must be filled out completely)

Date of Application: _____

Company Information

Business Name: _____ In Business Since: _____

Type of Business: _____

Individual/Sole Proprietor or LLC C Corporation S Corporation

Partnership Trust/estate Other

Federal Tax ID Number: _____ State Tax ID Number: _____

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Email address: _____ Phone: _____

Alternate Contact Information

Last:	First:	Phone:
Last:	First:	Phone:
Last:	First:	Phone:

Complete the following regardless of whether the applicant is a corporation, partnership, or individual

Estimated Average Number of Tons Per Month:
Estimated Maximum Number of Tons Per Month:
Types of Refuse:
Origin of Materials:

Bank References

Institution Name:
Address:
Phone:

Credit References

Business Name:
Address:
Phone:
Business Name:
Address:
Phone:

If the business is a corporation, indicate the name/address of the corporate officers:

President Name:
Address:
Vice President Name:
Address:
Secretary Name:
Address:
Treasurer Name:
Address:

Permit Number _____

I hereby certify, that to the best of my knowledge, all information as contained in this application is correct, and agree to update application information anytime the information changes. I agree to pay all charges incurred by my company for disposal of refuse at Solid Waste Management Facilities.

Date

Signature (This field is required and constitutes as an electronic signature)

Title

Printed Name: _____

BELOW - FOR OFFICE USE ONLY

APPROVED: _____

Nicholas Rodricks, MPH

Bureau Chief

Bureau of Solid Waste Management

ACCT. # _____ Date Assigned: _____

Account Activation Date: _____