

**Board of County Commissioners
Broward County, Florida
OFFICE OF INTEGRATED WASTE MANAGEMENT**

**** ACCOUNT APPLICATION ****

Date: _____

Company Name: _____
(As it will read on your account)

Type Business:
____ Corporation, State of Incorporation _____
____ Sole Proprietorship/Partnership
____ Other, Type: _____

Billing address: _____

Company Yard Location: _____

Other Address: _____

Phone #: () _____ - _____ Fax #: () _____ - _____

Name of contact representative: _____

Federal tax identification number: _____

Broward County occupational license number: _____

Areas Served: _____

Type of Waste(s) To be Dumped: _____

CHARGE ACCOUNT AGREEMENT

I have received a copy of the Plan of Operations and if granted charge privileges, agree to comply with all terms of the Plan.

Printed Name of officer: _____

Signature of officer: _____

Title: _____

Q U E S T I O N S ?

Address all inquiries to:
Office of Integrated Waste Management
765-4202 ext. 264

Note: See separate page for information regarding mandatory security deposit and insurance requirements.