



**APPLICATION FOR CREDIT
SOLID WASTE MANAGEMENT FACILITIES
CECIL COUNTY, MARYLAND**

TEL. (410) 996-5390 FAX (410) 996-5206

email: sscholl@ccgov.org

Legal Name: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Street Address: _____

City _____ State _____ Zip _____

How long at the above address: _____

The following information must be completed in full and will be held in strictest confidence:

Type of Business: Individual _____ Corporation _____ Partnership _____

Business License # _____ Contractors License # _____

1) _____
Name of Principal(s) Address PHONE

2) _____
Name of Principal(s) Address PHONE

3) _____
Name of Principal(s) Address PHONE

1) _____
Bank(s) Address FAX#

Credit References:

1) _____
FAX#

2) _____
FAX#

The above stated firm or individual do hereby apply for credit in accordance with the terms of Cecil County, Maryland, which are: **Full Payment** within thirty (30) days of the date of the invoice. Delinquent accounts will be refused admission to all County solid waste acceptance facilities. Also, by application for credit it is understood that the above mentioned firm and its authorized representatives will obey fully the laws, rules and regulations of Cecil County.

If you do not currently have approved credit with the County, all transactions will be on a cash **only** basis.

We certify that all the information on this form is correct, and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Payment Terms:

According to **Cecil County Code 228-25 (D)**, Payment shall be due the last day of the current billing month (i.e. 30 days from invoice date). Those accounts not paid by the end of the month (billing period) will be considered delinquent and are subject to a \$5 late charge and a one-percent-interest charge per month on the balance of the account, whichever is greater. If the account is not fully paid with interest within 15 days of the closing date, the account will be closed and all disposal privileges will be revoked. No partial payments will be accepted. There will be a charge of \$25 to close out the account, and this charge will be added to the delinquent balance. The delinquent account must be paid in full to reestablish disposal privileges. The customer should allow the county four working days to reopen or set up a credit account on the computer. The customer must pay cash in the interim. A charge of \$25 will be applied on all checks returned to insufficient funds.

Vehicle Information: Please complete the Vehicle Permits and Decals Application Form

Please mail all payments to: Cecil County
200 Chesapeake Blvd., Suite 1100
Elkton, MD 21921

Signed	Title	Date
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If you have any questions regarding this request for credit, please contact the Finance Office at sscholl@ccgov.org or (410) 996-5390.

PLEASE EMAIL OR FAX COMPLETED APPLICATION TO: sscholl@ccgov.org or (410) 996-5206

FOR OFFICE USE ONLY

Landfill Account Number _____
Landfill Permit Number _____
Date Received _____
Date Approved _____
Approved By _____



**APPLICATION FOR VEHICLE PERMITS AND DECALS
SOLID WASTE MANAGEMENT FACILITIES
CECIL COUNTY, MARYLAND**

TEL. (410) 996-5390 FAX (410) 996-5206

email: sscholl@ccgov.org

Company Name: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Street Address: _____

City _____ State _____ Zip _____

Please complete the following:

1) Type of material you will be hauling _____

2) Location the material will be hauled from: _____

3) Vehicle information:

A) _____
 Year _____ Make _____ Model _____ Your Fleet # _____

 State Tag Number Gross Vehicle Weight VIN#
 (3) Pick Up ____ (4) Trailer ____ (6) Dump Truck ____ (11) Compactor ____ (12) Roll Off ____

B) _____
 Year _____ Make _____ Model _____ Your Fleet # _____

 State Tag Number Gross Vehicle Weight VIN#
 (3) Pick Up ____ (4) Trailer ____ (6) Dump Truck ____ (11) Compactor ____ (12) Roll Off ____

C) _____
 Year _____ Make _____ Model _____ Your Fleet # _____

 State Tag Number Gross Vehicle Weight VIN#
 (3) Pick Up ____ (4) Trailer ____ (6) Dump Truck ____ (11) Compactor ____ (12) Roll Off ____

PLEASE EMAIL OR FAX COMPLETED APPLICATION TO: sscholl@ccgov.org or (410) 996-5206

FOR OFFICE USE ONLY

	DECAL #	PERMIT #	LAST INSPECTION DATE & LOCATION
TRUCK (A)	_____	_____	_____
TRUCK (B)	_____	_____	_____
TRUCK (C)	_____	_____	_____

Landfill Account #: _____

Date Received _____

Date Approved _____

Approved By _____