



**SOLID
WASTE**

For Office Use	
Date Approved	_____
Account #	_____
Security Dep	_____
Initials	_____

Disposal Charge Account Application and Agreement

- BUSINESS NAME _____
- STREET ADDRESS _____
- MAILING ADDRESS _____
- CITY, STATE, ZIP _____
- BUSINESS PHONE NO. _____ FAX NO. _____
- EMAIL _____
- BILLING DELIVERY (CHOOSE ONE) EMAIL MAIL
- OWNER/PARTNER/OFFICER _____

NOTE: Attach current copy of State of Oregon Business Registration.

In consideration for using Deschutes County Landfills and Transfer Station services, the above named business agrees to the following terms:

1. Pay all charges for services used.
2. Pay the outstanding balance due within ten (10) days of the billing.
 - **A \$500.00 security deposit is required with the application.** This deposit will be held until the account is closed. If this account is closed by either party, the deposit will be refunded or applied to your outstanding balance.

If it is necessary to refer this account for collection, the above named business, its successors and assigns, or if a sole proprietorship, the above named owner, the owner's heirs, executors, and administrators, agree to pay reasonable attorney's fees, costs and expenses incurred in collection on this account (*must be signed*).

of Charge Cards Needed

Signature of Owner/Partner/Officer

Date

Print Name and Title

The above obligation is personally guaranteed (***must be signed***).

Signature

Signature

Print Name

Print Name

Email completed forms to solidwaste@deschutes.org

61050 SE 27th Street Bend, Oregon 97702

(541) 317-3163

solidwaste@deschutes.org

www.deschutes.org/sw