



COMMERCIAL CUSTOMER ACCOUNT
FOR PAYMENT INSTRUCTIONS

Please read the following instructions for setting up a Commercial Customer Account for payment of disposal fees. Complete the enclosed forms and submit to the Solid Waste Management Department **3-5 business days prior** to using Solid Waste Management Facilities.

Customers may need an approved Countywide Solid Waste Profile form prior to submitting these forms, with the exception of yard waste. Each month, the SWMD will be sending you an invoice for your disposal activity. This invoicing occurs at the beginning of each month. **It is important for you to understand that payment is due monthly, immediately upon receiving your invoice for you to continue to defer charges.**

The enclosed forms include:

- **Commercial Account for Payment Form**
- **Authorized Vehicle Register Form:** Provide a list of vehicles with permanently affixed numbers that will be used to transport your solid waste material, including:
 - Make of Vehicle, i.e., Ford, Chevrolet, etc.
 - Type of Vehicle, i.e., pickup truck, dump truck, tractor trailer, flatbed, etc.
 - Vehicle Trailer i.e. does your truck/tractor utilize multiple trailers.
 - The number on the vehicle that is permanently affixed on both sides of the vehicle and distinguishes it from any other vehicle within your fleet. This number will be unique to that vehicle and displayed so that the scale attendant can see it as your driver enters the scale.
 - Any future addition or changes to vehicle information should be emailed to SWTrucks@HCFLGov.net

The Florida State Constitution, Article VII, Section 10 prohibits a government agency to extend credit in the manner normally viewed as “credit”. As a result, a prepayment system has been established. To permit you to defer payment until receipt of our invoice, a minimum deposit of **\$500.00** is required. It is recommended that this prepayment amount be the largest amount expected to be used during any month.

The account will be placed on a cash basis **only when 95% on the amount deposited is reached.**

Never can an account’s disposal activity exceed the amount of their deposit. To help you in deciding the amount to submit as a prepaid deposit, the **Commercial Account for Payment Form** has a section to calculate a recommended amount to include with your application request. It may be to your advantage to have a prepayment that equals 60 days of your anticipated disposal activity.

For questions about setting up an account for payment, please email SWCommercial@HCFLGov.net.

For questions concerning vehicle information, please email SWTrucks@HCFLGov.net.

For questions concerning disposal, please contact Julie Gordon at (813) 663-3248.

Send your completed application and check to:

Hillsborough County Solid Waste Management Department
ATTN: **Accounting-SW Commercial**
332 N. Falkenburg Rd,
Tampa, FL 33619

Make check or money order payable to: Board of County Commissioners (BOCC)

**HILLSBOROUGH COUNTY
SOLID WASTE MANAGEMENT DEPARTMENT**
332 N. Falkenburg Rd.
Tampa, FL 33619

COMMERCIAL ACCOUNT FOR PAYMENT FORM

BUSINESS INFORMATION:
NAME TO APPEAR ON ACCOUNT (FIRM'S NAME): _____

MAILING ADDRESS: _____

 (This information relates to the address where the checks are issued to pay invoices.)

STREET ADDRESS OF MAIN OFFICE LOCATED WITHIN HILLSBOROUGH COUNTY:
 (This is required if different than the mailing address provided above.)

CONTACT PERSON AND TELEPHONE NUMBER REPRESENTING THE ACCOUNT:
NAME: _____ **PHONE NUMBER:** _____
TITLE/POSITION: _____ **CELL NUMBER:** _____
EMAIL ADDRESS: _____

PREPAID DEPOSIT AMOUNT ENCLOSED OR ON FILE WITH COUNTY: \$ _____ ** (Minimum \$500)

CALCULATION OF DEPOSIT:	Number of tons projected per month
X	Applicable rate per ton see below: Processable: \$104.60 per ton or Non-Processable: \$77.48 per ton Yard Waste: \$48.11 per ton
=	
X	2 Estimated Waste for 60 days (2 months)
TOTAL DEPOSIT REQUIRED **	Rounded up to the next \$10, i.e.: \$544.00 would be \$550.00

_____ SIGNATURE	_____ DATE
_____ TYPE OR PRINT NAME	_____ TITLE/POSITION WITH FIRM

OFFICE USE ONLY SW/PUD-Fiscal Services Approval	
_____ SIGNATURE	_____ DATE
	_____ Account Number Assigned

HILLSBOROUGH COUNTY
 SOLID WASTE MANAGEMENT DEPARTMENT
 332 N. Falkenburg Rd.
 Tampa, FL 33619

AUTHORIZED VEHICLE REGISTER

BUSINESS NAME: _____

BUSINESS NAME AS IT APPEARS ON VEHICLE (OR LIST THIRD PARTY):

THE FOLLOWING VEHICLES WITH THE NUMBER INDICATED ARE AUTHORIZED TO USE THIS ACCOUNT. (The vehicle number indicated below must be affixed to the vehicle with numbers large enough and in a position on the vehicle that can be easily observed by the scale attendant while the vehicle is on the scale). Vehicles must register to an account 24hrs prior to entering any Solid Waste Management Facility.

TYPE OF VEHICLE (Make and Year)	VEHICLE NUMBER	LICENSE PLATE NUMBER (TAG)

ALL ADDITIONAL PAGES LISTING VEHICLES MUST BE SIGNED.

_____ SIGNATURE

_____ DATE

_____ TYPE OR PRINT NAME