

SOLID WASTE AUTHORITY OF PALM BEACH COUNTY  
7501 NORTH JOG ROAD  
WEST PALM BEACH, FLORIDA 33412  
TELEPHONE (561) 640-4000 – FAX (561) 683-4067

ACCOUNT NUMBER \_\_\_\_\_

CHECK CASHING CREDIT APPLICATION

Business Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Check One: Individual ( ) Corporation ( ) Partnership ( ) Other ( )

List all Partners or Officers:

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_

Authorized Check Signer Information:

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Telephone Number Business Telephone Number

Business Address: \_\_\_\_\_

\_\_\_\_\_ FL Drivers License No. \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Race \_\_\_\_\_

Bank Reference:

\_\_\_\_\_ Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

\_\_\_\_\_ Name of Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Trade References:

\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**NOTE:**

In the event that your check is returned for any reason, all Solid Waste Authority disposal facilities will be notified your check privileges are invalid. You will then have to wait to be notified by the Authority that the service is resumed. Normally this process will take two (2) business days after payment is received by our office. In addition, your credit status will be reevaluated in order to determine whether you will still qualify to pay by check.

**AGREEMENT:**

I agree to be personally responsible for payment of any debts so incurred due to returned checks. I understand that I will be charged a fee of \$29.00 or 5% of the face amount of the check, whichever is greater, for any check not honored by my bank. I am aware that pursuant to Florida Statute 68.065, the Authority will file a civil action for three times the amount of the check, if the returned check is not paid in full within thirty (30) days of "notice of dishonored check." Additionally, the Authority may relate the incident to the State Attorney for criminal prosecution. Should the services of any agency or attorney be necessary to collect amounts outstanding, I agree to pay all costs of such collection, including a reasonable attorney's fee.

**SIGNATURES:**

\_\_\_\_\_  
President, Partner or Individual

\_\_\_\_\_  
Corporate Officer or Partner

Corporate Seal

**Complete and mail to:**

Solid Waste Authority  
of Palm Beach County  
Attn: Accounts Receivable  
7501 North Jog Road  
West Palm Beach, FL 33412



YOUR PARTNER FOR  
SOLID WASTE SOLUTIONS

Date\_\_\_\_\_

**BANK CREDIT AUTHORIZATION**

**COMPLETE THE TOP PORTION OF THIS FORM AND FORWARD TO YOUR BANK FOR COMPLETION. RETURN ORIGINAL TO SOLID WASTE AUTHORITY**

I hereby authorize you to furnish the Solid Waste Authority of Palm Beach County with the information listed below on my account so that I may be granted check privilege. Please complete the form and return it to the Solid Waste Authority. Thank you for your prompt attention to this matter.

Customer Signature\_\_\_\_\_

Bank\_\_\_\_\_Account #\_\_\_\_\_

Account Name\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_St\_\_\_\_\_Zip\_\_\_\_\_



**TO BE COMPLETED BY BANK:**

**Customer Account Number**\_\_\_\_\_ **Date Account Established**\_\_\_\_\_

**Account Average Size: (circle one)**

Two Figure (\$0-99) Low - High      Three Figure (\$100-999) Low - High

Four Figure (\$1,000-9,999) Low - High      Five Figure (\$10,000-99,999) Low - High

**Account Activity Experience:**      Good\_\_\_\_      Fair\_\_\_\_      Poor\_\_\_\_

**Number of NSF checks in last 90 days:** \_\_\_\_\_

**Signature**\_\_\_\_\_ **Position**\_\_\_\_\_ **Date**\_\_\_\_\_

**Print Name**\_\_\_\_\_ **Phone Number**\_\_\_\_\_



YOUR PARTNER FOR  
SOLID WASTE SOLUTIONS

**SUBSTITUTE W-9**

1. WHAT IS NAME UNDER WHICH YOU FILE YOUR FEDERAL INCOME TAXES WITH THE INTERNAL REVENUE SERVICE?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

2. WHAT IS YOUR BUSINESS TYPE? - (CHECK ONE)

PROFESSIONAL ASSOCIATION: \_\_\_\_\_ CORPORATION \_\_\_\_\_

GOVERNMENT: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_

PRIVATE INDIVIDUAL: \_\_\_\_\_ PROPRIETORSHIP: \_\_\_\_\_

CHARITABLE ORGANIZATION: \_\_\_\_\_

3. WHAT IS THE TAXPAYER IDENTIFICATION NUMBER USED TO REPORT YOUR INCOME TO THE IRS?

FEDERAL EMPLOYER I.D. NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**NOTE:** INDIVIDUALS, SOLE PROPRIETORSHIPS AND PARTNERSHOPS SHOULD LIST THE APPLICABLE SOCIAL SECURITY NUMBER. CORPORATIONS SHOULD LIST THE APPLICABLE FEDERAL EMPLOYER I.D. NUMBER.

**CERTIFICATION:** UNDER PENALTIES OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER I.D. NUMBER AND THAT THE ABOVE REFERENCED ENTITY OR PERSON IS NOT SUBJECT TO BACKUP WITHHOLDING.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

COMPLETE AND RETURN TO: SOLID WASTE AUTHORITY  
OF PALM BEACH COUNTY  
ATTN: ACCOUNTS RECEIVABLE  
P.O. BOX 24693  
WEST PALM BEACH, FLORIDA 33416-4693