



CHARLES COUNTY GOVERNMENT  
**Department of Fiscal & Administrative Services**

Jenifer Ellin  
Director

Phone | 301-645-0570  
Fax | 301-645-0505  
Email | DFS@CharlesCountyMD.gov

### **Instructions to Apply for a Landfill Credit Account**

All commercial haulers must first register with the landfill and have a **Landfill Usage Permit** affixed to each vehicle before applying for a Landfill Credit Account. Haulers must renew their Usage Permit annually. Failure to renew the Usage Permit will result in denied entry.

Please complete the enclosed application and credit reference forms, including the following as listed below:

1. A bank credit reference, including account number, mailing address, phone number, and fax number
2. Two credit references, including mailing address, phone number, and fax number
3. Authorized signature on all forms

**\*Incomplete applications will not be processed.**

Please sign and date all forms. A credit card not acceptable for monthly payments. Please sign and return all completed forms by mail to:

Charles County Landfill  
Attention: Landfill Credit Account  
1001 Radio Station Road  
La Plata, MD 20646

Paperwork can also be dropped off at the scale house inbound scale window, faxed to (301) 870-4183, or e-mailed to [scalehouse@charlescountymd.gov](mailto:scalehouse@charlescountymd.gov).

Questions should be addressed by calling the landfill at (301) 932-9038.



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### Application for Landfill Credit Account

Banking Information:

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

Please list two (2) credit references, different than above named bank:

1.) Credit Reference Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

2.) Credit Reference Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Type / Printed Authorized Person's Name

*FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA*

Date: \_\_\_\_\_  APPROVED  DENIED

\_\_\_\_\_  
CHIEF OF ACCOUNTING – *William DeAtley*

COMMENTS: \_\_\_\_\_

Date: \_\_\_\_\_  APPROVED  DENIED

\_\_\_\_\_  
DIRECTOR OF FISCAL SERVICES – *Jennifer Ellin*

COMMENTS: \_\_\_\_\_



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## Bank Reference Authorization

The below listed company applied for open credit at the Charles County Landfill. An Accounting Specialist with Charles County will be in contact to obtain the required information of the following listed account. All the information will be kept in strict confidence.

*Thank you in advance for your cooperation.*

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

I hereby authorize, \_\_\_\_\_, to release information to Charles County Government required to open a credit account with the Charles County Sanitary Landfill.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Type / Printed Authorized Person's Name

TO BE COMPLETED BY THE BANKING INSTITUTION

Date Account Opened: \_\_\_\_\_

Average High Balance: \_\_\_\_\_

Average Low Balance: \_\_\_\_\_

Any NSF's within the last 6 months? \_\_\_\_\_



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## Commercial Hauler-Application for Landfill Credit Account

### Credit Reference Authorization #1

The below listed company applied for open credit at the Charles County Landfill. An Accounting Specialist with Charles County will be in contact to obtain the required information of the following listed account. All the information will be kept in strict confidence.

*Thank you in advance for your cooperation.*

Date: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_

I hereby authorize, \_\_\_\_\_, to release information to Charles County Government required to open a credit account with the Charles County Sanitary Landfill.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Type / Printed Authorized Person's Name

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

Sold Since: _____	Payment Style: _____
Terms: _____	Discount: _____
High Credit: _____	Prompt: _____
Now Owing: _____	Slow: _____
Products Purchased: _____	OTHER IMPORTANT INFORMATION: _____
_____ _____	



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## Commercial Hauler-Application for Landfill Credit Account

### Credit Reference Authorization #2

The below listed company applied for open credit at the Charles County Landfill. An Accounting Specialist with Charles County will be in contact to obtain the required information of the following listed account. All the information will be kept in strict confidence.

*Thank you in advance for your cooperation.*

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

I hereby authorize, \_\_\_\_\_, to release information to Charles County Government required to open a credit account with the Charles County Sanitary Landfill.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Type / Printed Authorized Person's Name

*FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA*

Sold Since: \_\_\_\_\_

Payment Style: \_\_\_\_\_

Terms: \_\_\_\_\_

Discount: \_\_\_\_\_

High Credit: \_\_\_\_\_

Prompt: \_\_\_\_\_

Now Owing: \_\_\_\_\_

Slow: \_\_\_\_\_

Products Purchased: \_\_\_\_\_

OTHER IMPORTANT INFORMATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_