

## **Kitsap County Department of Public Works**

614 Division Street (MS-27), Port Orchard, WA 98366-4699

## OLYMPIC VIEW TRANSFER STATION & HANSVILLE RECYCLING AND GARBAGE FACILITY CREDIT APPLICATION

Please return completed form by mail, fax or email to Jessica Hartung, Kitsap County Department of Public Works, 614 Division Street MS-27, Port Orchard, Washington 98366 Phone (360) 337-7127 | Fax (360) 337-4868 | Email: jhartung@kitsap.gov

## **CUSTOMER INFORMATION**

Type of Business:	Sole Proprietor Pa	artnership 🔲	LLC	Corporation	<u> </u>	
Business Name:	. —		dba:	-		
Physical Address:						
	Street	_	City		State	Zip
Phone:			Fax:			
Billing Address:						
(if different)	Street		City		State	Zip
Phone:			Fax:			
Email:			Website	<del></del>		
Year Established:			Numbe	r of Employees:		
Federal Tax ID No:			UBI#:			
VENDOR REFER	ENCES					
Please include a mir	nimum of three business referen	ices with which ye	ou have a	lready establish	ed a credi	t history
Business Name:						
Email:			Fax:			
Business Name:		_				
Email:			Fax:			
Business Name:		_				
Email:			Fax:			
*****	***********	******	******	*******	*****	*
and accurate to the been ter into this agreen	of perjury, that all answers, statest of my knowledge. I also affirment. By my initials, I also to this application and which are	n that I am an aut o hereby affirm tl	horized a hat I am	gent of the application	cant with t derstand	he authority to the terms and
Signature:		Title:				
Print Name:		Date	:			

## **TERMS AND CONDITIONS**

In exchange for the Kitsap County Public Works Solid Waste Division (SWD) extending limited credit accounts to qualifying applicants for the disposal of qualifying solid waste at the Olympic View Transfer Station (OVTS), 9300 SW Barney White Road., Bremerton, Washington, and the Hansville Recycling and Garbage Facility (HRAGF), 7791 NE Ecology Road., Kingston, Washington, the applicant hereby agrees to the following terms and conditions.

- 1. I will maintain accurate account information and promptly inform the SWD, through the Transfer Station Accountant at the contact information above, of any changes to the account information.
- I will pay the fees applicable to the disposal of qualifying solid waste at OVTS or HRAGF and any service charges resulting from my delinquent account. I understand that such fees are my obligation from the date OVTS or HRAGF accepts the qualifying solid waste. Further, I agree that this account is for my use and my company's use only and will not be transferred or assigned without prior written authorization from the SWD.
- I agree to provide legible signatures on all transaction tickets, which are disbursed at the time of the transaction. I
  understand it is my responsibility to keep copies of such tickets and that the SWD is under no obligation to provide
  copies of transaction tickets.
- 4. I will pay the full amount owing on the monthly statement SWD provides to the above address and to pay it by the current due date stated on the monthly statement. If a statement is returned to the SWD as undeliverable mail, the account will be temporarily closed pending updated account information. Further, I agree to notify the SWD within 10 days of any billing errors or omissions and that if I fail to do so, the charges will be considered final.
- 5. If I do not pay the full amount by the due date, I understand and accept that I will be contacted by phone and/or sent an overdue notice and will be subject to a service charge of 1.5% per month on any unpaid balance.
- 6. If my account still contains an unpaid balance, of any amount, for sixty (60) days, my account will be automatically and temporarily closed and will remain closed until the account is paid in full. I understand that only by prior arrangement with SWD will I be allowed to dispose of qualifying solid waste but must pay cash to do so.
- 7. If my account is delinquent for over 90 days, I agree to submit, in writing, a payment schedule outlining a timeframe for full payment of the account balance. I understand, however, that as necessary, accounts delinquent for over 90 days may also be permanently closed and may be forwarded to a collection agency. I understand that the SWD is not responsible for any additional fees added by the collection agency.
- 8. I understand that the SWD has the right to terminate this credit agreement at its discretion at any time and reserves the right to permanently close any account that has been overdue three times by 60 days or more.
- 9. I understand that the fees are established by the Kitsap County Board of Commissioners and are subject to change. I further understand that I am obligated to pay the new fee upon its effective date regardless of notice, but that the SWD will make every effort to provide me with prompt and effective notice of new fee schedules when they are adopted.
- 10. I agree to provide the SWD with notice of intent to close my account thirty (30) days before the effective date.
- 11. I agree to use reasonable diligence to protect the SWD's property from damages. Further, I understand that I am responsible for damage or delay resulting from my willful or negligent acts and that the SWD is not liable for my acts, the acts of third parties, or acts beyond the control of the SWD, including but not limited to labor disputes, accidents, or acts of God.
- 12. I understand and agree that while the SWD will use reasonable diligence to provide uninterrupted service, neither I nor any successors or assigns, shall have any cause of action or right of recovery against the SWD for any interruption of service.
- 13. I agree that the failure of the SWD to enforce any provision of these Terms and Conditions will not prevent future enforcement
- 14. I agree that if the SWD or the County brings any enforcement action to collect on a delinquent account that they shall be entitled to reasonable costs, including attorney's fees.

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