



Licensed & Insured

Container Service Application

Rev. 7/10/2026

Title: _____ Full Name: _____

Company / Business Name: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

Delivery Address: _____

Container Size Desired: _____ Desired Delivery Date: _____

On-Site Contact Name: _____ On-Site Contact Phone: _____

Terms, Conditions & Acknowledgements

RENTAL TERMS

- The container rental period is **30 days**. The container must not be overfilled and must not exceed the rim.
- For every week beyond 30 days: **\$100.00/week** (10yd), **\$150.00/week** (20yd), **\$200.00/week** (30yd).

WEIGHT LIMITS & FEES

- Weight limits: **5 tons (10yd)**, **10 tons (20yd)**, **12 tons (30yd)**. Containers must not be overloaded.
- Overage fee: **\$120.00 per ton** over the limit. I am responsible for any overweight citations, fines, or damage.
- A **fuel charge applies to each delivery and each exchange**, based on the service area. Each charge covers the round trip for that delivery or exchange. No fuel charge applies to the final pickup.

PROHIBITED ITEMS

- **All containers:** No appliances, electronics, tires, batteries, food, liquids (oil/wet paint), mattresses, carpet, upholstered furniture, asphalt, dredging, sludge, or seaweed. (Special containers available for seaweed.)
- **30yd only:** No concrete, dirt, rock, sand, seaweed, or roofing materials.

LIABILITY & DAMAGE

- I am responsible for all repair and replacement costs from container damage.
- Atlantic Trash & Transfer, LLC is not responsible for any damages resulting from this service.
- Any hazardous materials will be removed and returned to the customer.

PAYMENT & CLAIMS

- Payment is due upon delivery/exchange. **Credit cards are not accepted over the phone.** A credit card processing form must be completed.
- Claims must be filed within **7 business days** from the invoice date.
- **Late Fee:** If payment is not received by the due date, a fee equal to **10% of the original invoiced amount per day** will apply. The fee does not compound.

TRIP CHARGE

- If our driver arrives and cannot complete service due to site conditions, access issues, or my unavailability, and Atlantic Trash & Transfer cannot reach me by phone, a **\$100.00 trip charge** will apply.

Authorization

By signing below, I confirm that I have read, understood, and agree to all Terms & Conditions above. I authorize **Atlantic Trash & Transfer, LLC** to deliver a container or provide services to my specified address.

Name: _____ Signature: _____ Date: _____



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Effective: 7/10/2026

Container Price Sheet

Rev. 7/10/2026

Container	Flat Rate	Dimensions	Weight Limit	Overage Fee
10-Yard	\$525.00	8' W × 10' L × 4' H	Up to 5 tons	\$120.00 / ton
20-Yard	\$770.00	8' W × 21' L × 5' H	Up to 10 tons	\$120.00 / ton
30-Yard	\$1,100.00	8' W × 21' L × 6' H	Up to 12 tons	\$120.00 / ton

IMPORTANT NOTES

- **Flat Rate:** The rates above are all-inclusive flat rates for the rental period.
- **Rental Period:** All rates include up to **30 days** of container rental.
- **Extended Rental:** For every week beyond 30 days: **\$100.00/week** (10yd), **\$150.00/week** (20yd), **\$200.00/week** (30yd).
- **Overage Fee:** \$120.00 per ton over the included weight limit — subject to change at any time.
- **Fuel Charge:** A charge applies to each delivery and each exchange, based on the service area. Each charge covers the round trip for that delivery or exchange. No fuel charge applies to the final pickup.
- **Price Changes:** All prices and fees are subject to change without notice.

FUEL CHARGE SCHEDULE

Service Area	Fuel Charge
Big Pine	\$100
Islamorada to Marathon	\$95
Key Largo & Ocean Reef	\$30
Key West & Homestead	\$135

For reservations or more information, call (305) 451-2900 or email Dispatch@AtlanticTrash.com

Card Authorization Form

I, _____, give permission to **Atlantic Trash & Transfer, LLC** to charge my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Card Information

Card type

☐ MasterCard

☐ Discover

☐ VISA

☐ AMEX

☐ _____ Other

Cardholder (Name on card)

Cardholder Email

Card number

CVV Code

Expiration date (MM/YYYY)

ZIP code (From credit card billing address)

Customer signature

Date