# L AND D LANDFILL LIMITED PARTNERSHIP P.O. BOX 255009 SACRAMENTO, CALIFORNIA 95865-5009 916-737-8640

## **APPLICATION FOR CREDIT**

FIRM NAME:Em	ail	
BILLING ADDRESS:	MAILING ADDRESS:	
CITY/STATE/ZIP:	_ CITY/STATE/ZIP:	
CORPORATION	PARTNERSHIP	
PROPRIETORSHIP	OTHER-EXPLAIN (OVER)	
FEDERAL TAX I.D. NUMBER:	PHONE :	
CONTRACTORS STATE LICENSE NUMBER:	BOND AMOUNT \$	
DESCRIPTION OF BUSINESS:		
AT PRESENT LOCATION SINCE:	YEAR ESTABLISHED:	
TRADE R	EFERENCES	
(Must complete all 3 & include fax number	ers or email addresses for all references)	
NAME	FAX#	
ADDRESS	E-mail	
NAME	FAX#	
ADDRESS	E-mail	
NAME	FAX #	
ADDRESS	E-mail	
REAL ESTATE OWNED: VALUE \$	MORTGAGE: \$	
MORTGAGE ON MACHINERY OR EQUIPMENT \$		
HELD BY:		
DO YOU PLEDGE OR BORROW ON YOUR ACCOUNTS RE	CEIVABLE?	
FROM WHOM?		
INSURANCE CARRIED (SPECIFY):		
YOUR BANK:	BRANCH:	
ACCOUNTS PAYABLE NAME:	AP EMAIL/PHONE #:	
SIGNED:	DATE:	
PRINT NAME:	TITLE:	

#### RELEASE FORM

### L AND D LANDFILL LIMITED PARTNERSHIP

I (we) are applying for credit with L and D Landfill Limited Partnership. As a part of the qualification process, L and D Landfill Limited Partnership will need to obtain a rating on my (our) bank account and trade references.

By signing below, I (we) hereby authorize this information to be released to a

representative of L and D Landfill Limited Partnership. Company Name: \_\_\_\_\_ Co-Applicant Signature Authorized Signature **Printed Name Printed Name** (Full name, not initials) (Full name, not initials) Date Date \*\*\* FOR CREDIT RATING USE ONLY - DO NOT WRITE IN THIS BOX\*\*\* Trade Name: **TRADE** Date Account Opened: Rating: Current Balance: \_\_\_\_\_High Credit: \_\_\_\_\_ Terms: \_\_\_\_\_ Manner of Payment: \_\_\_\_\_ Current Status: \_\_\_\_

Please Return Completed Form to:

Fax (916)-731-5826

Email: AR@LandDLandfill.com

Nature of Applicant's Business, if known \_\_\_\_\_\_

## L AND D LANDFILL LIMITED PARTNERSHIP P.O. BOX 255009 SACRAMENTO, CALIFORNIA 95865-5009 916-737-8640

#### **GUARANTY AGREEMENT**

- 1. L and D Landfill Limited Partnership reserves the right to discontinue credit to any account without notice when it is considered to be in the best interest of our company.
- 2. Statements will be mailed the first of every month. All bills are due and payable by the 15th of that month and are considered to be late if not received in our office by the last day of that month. All payments must be received in our office by the last day of the month or interest charges will be assessed to your account. The interest rate will be 1.5% per month or \$10.00 minimum for all past due accounts. If your account becomes delinquent, your account will be placed on hold and you will be required to pay the past due balance, interest charges and the current charges in full before you will be allowed to use our site. Future credit privileges may also be lost if your account becomes delinquent.
- 3. If you wish for us to collect your white (original) tickets and mail them to you with your statement, please indicate below. There is a \$10.00 monthly fee for this service. We have a \$3.00 per ticket charge for each photocopy requested. The charge will be added to your next statement.
- 4. Customer agrees to pay any reasonable court costs if legal action is deemed necessary. The individual signing this agreement will be held personally responsible for the liability if the company or other types of applicants' default.

If you have read the above guaranty agreement and fully understand and accept it, please sign below indicating your acceptance.

Name of Firm

Name of Film	
Signature	Title
Printed Name	Date
[ ] Yes, I would like you to hold of each month.	our white tickets and mail them with our statement
[ ] No, I do not wish for you to hole	d our tickets.

## L AND D LANDFILL LIMITED PARTNERSHIP P.O. BOX 255009 SACRAMENTO, CALIFORNIA 95865-5009 916-737-8640

Company Name:	
Referred By (if applicable):	
Permittee? Self-Haul?	
Credit Limit Requested: \$	
What landfill facility were you using?	
What type of vehicles will you be bringing in? (Small dump trucks, 10 Wheelers, rol	
Approximate size of loads?	
How many loads do you anticipate bringing in each month?	
What type of material will you be bringing in? (C & D, roofing, greenwaste, inerts, ex	tc)
Do you require a job number or PO number?	
Person completing form:	Date:

Please answer the above questions and return with your credit application. Your application will not be processed without this form. Thank you.