

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

APPLICATION FOR CREDIT

FIRM NAME: _____ EMAIL _____

BILLING ADDRESS: _____ MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP: _____

PHONE: _____

<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	PARTNERSHIP
<input type="checkbox"/>	PROPRIETORSHIP	<input type="checkbox"/>	LIMITED LIABILITY COMPANY (LLC)

FEDERAL TAX I.D. NUMBER: _____

CONTRACTORS STATE LICENSE NUMBER: _____ BOND AMOUNT: \$ _____

DESCRIPTION OF BUSINESS: _____

AT PRESENT LOCATION SINCE: _____ YEAR ESTABLISHED: _____

TRADE REFERENCES

(Must complete all 3 & include fax numbers 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 RECEIVABLE? _____

IF YES, FROM WHOM? _____

INSURANCE CARRIED (SPECIFY): _____

YOUR BANK: _____ BRANCH: _____

ACCOUNTS PAYABLE CONTACT: _____ 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.

Applicant Company Name: _____

Authorized Signature

Co-Applicant Signature

Printed Name
(Full name, not initials)

Printed Name
(Full name, not initials)

Date

Date

***** FOR CREDIT RATING USE ONLY – DO NOT WRITE IN THIS BOX*****

Trade Refence Name: _____

Account #: _____

Date Account Opened: _____ **Rating:** _____

Current Balance: _____ **High Credit:** _____ **Terms:** _____

Current Status (please circle one): Current / Over 30 Days / Over 60 Days / Over 90 Days

Verified By: _____ **Date:** _____

Please Return Completed Form to:

L and D Landfill Limited Partnership
P.O. Box 255009, Sacramento, California 95865-5009

Fax (916)-731-5826
Email ar@landdlandfill.com

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GUARANTY AGREEMENT

1. L and D Landfill Limited Partnership (L and D) reserves the right to discontinue credit to any account without notice when it is considered to be in the best interest of L and D.
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 25th of the month. All payments must be received in our office by the 25th 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. 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 _____

Signature _____ **Title** _____

Printed Name _____ **Date** _____

****Your application will not be processed without the Guaranty Agreement form being signed. Thank you.***

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TICKET OPTIONS

- 1. Original ticket will be given to your driver.
- 2. Original ticket will be given to your driver and tickets will be emailed to you daily or weekly.
- 3. We will collect your original tickets and mail them with your monthly statement. There is a \$10.00 monthly fee for this service.

Please circle which option you would like (1) (2) (3)

*if you selected option 2 please choose () **DAILY** or () **WEEKLY** and provide email address(es) you wish the tickets to be emailed to:

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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, roll offs, end dumps, transfers, etc)

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, etc)

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.