

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

Questionnaire for Deposit on Account Set-Up

Account # _____ Date: _____

Business Name _____ Phone _____

_____ Fax _____

Email _____

Billing Address _____

City/State/Zip _____

A/P Contact Name _____

Federal Tax ID# _____

Contractor's State License Number _____

Type of Business _____

Type of Material _____

Aproximate Size of Loads _____

Aproximate Number of Loads Monthly _____

Called Customer: _____

Check here if you would like us to hold your tickets, and send them out with your monthly statements.
There is a \$10.00 fee per month for this service.

A W-9 Form for L and D Landfill will be sent to your billing address upon completion of account set-up.