

MAIL BACK

AUDITOR-CONTROLLER, OC WASTE & RECYCLING, ACCOUNTING
P.O. BOX 1955
SANTA ANA, CA 92702
(714) 834-4178

DEFERRED PAYMENT APPLICATION

PLEASE PRINT OR TYPE

Name of Company _____

Street Address _____

City _____ Zip Code _____ Phone () _____

Billing Address (if different from above) _____

Have you ever had a Deferred Payment Account with the County of Orange Landfills? _____

If so, under what name? _____

No. Years in Business _____ No. of Trucks _____ (Please list on page 2)

Type of Business _____ **Estimated tonnage per month** _____

Will you be working for a City/Government Agency? If so, what City/ Agency? _____

What type of Material will you be bringing to the Landfill? _____
(i.e. Construction & Demolition, Green Waste, Sludge)

Company Officials:

President _____ Vice President _____

Secretary _____ Treasurer _____

Person handling monthly billing _____ Phone () _____

Bank and Branch _____ Checking: _____ Savings: _____

Address and zip code _____ Phone () _____

Other Credit References:

NAME	ADDRESS AND ZIP CODE	PHONE NO.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

ACKNOWLEDGEMENT

I certify that the above information is true and correct to the best of my knowledge and belief. The undersigned also acknowledges that the charges will be deferred over a period of one month and that payment of such charges shall be made promptly following receipt of a monthly statement. I have received a copy of the County Deferred Payment Program general information sheet.

Signature of Applicant

Date

