AUDITOR-CONTROLLER, OC WASTE & RECYCLIING, ACCOUNTING P.O. BOX 1955 SANTA ANA, CA 92702

(714) 834-4180

DEFERRED PAYMENT APPLICATION

PLEASE PRINT OR TYPE

Name of Company				
Street Address				
City	Zip Cod	e		Phone ()
Billing Address (if different from above)			
Have you ever had a Deferred Payment	Account with the Cour	nty of Orange La	ndfills?	
If so, under what name?				
No. Years in Business	No. of Trucks		_ (Please li	ist on page 2)
Type of Business		Estimated ton	nage per n	nonth
Will you be working for a City/Government	ment Agency? If so, wh	nat City/ Agency?	?	
What type of Material will you be bring (i.e. Construction & Demolition, Green				
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				
I certify that the above information is tru acknowledges that the charges will be do be made promptly following receipt of a Program general information sheet.	eferred over a period o	st of my knowled f one month and	that payme	nt of such charges shall
Signature of Applicant		Date		

DEFERRED PAYMENT APPLICATION TRUCK INFORMATION

When filling out the Truck information, please state whether the truck is a pick-up, dump truck, stake bed, semi, etc.

NAME OF CUSTOMER
ADDRESS
CITY AND ZIP CODE

Make of Truck and Trailer	Type	Year	License Number	Co. of Orange Decal Number (If Known)	Vehicle Load Capacity In Tons	Estimated No Of Loads Per Month