



DEFERRED PAYMENT APPLICATION

(714) 834-4178

INSTRUCTIONS: Please complete all areas of the form. **When completed, print, sign and mail to:**
Auditor-Controller, OC Waste & Recycling, Accounting, 601 N. Ross St., 5th Floor, Santa Ana, CA 92701

PLEASE PRINT OR TYPE

Name of company _____ Phone _____

Street Address _____ Email **(REQUIRED)** _____

City _____ Zip Code _____

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. of years in business _____ No. of trucks _____ (please list on page 2)

Type of business _____ Estimated tonnage per month **(REQUIRED)** _____

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, Soil, Green Waste, Sludge) _____

Company Officials:

President _____ Vice President _____

Secretary _____ Treasurer _____

Person handling monthly billing _____ Phone _____

Bank and Branch _____ Checking No. _____ Savings No. _____

Address and zip code _____ Phone _____

Other Credit References:

	NAME	ADDRESS AND ZIP CODE	EMAIL (REQUIRED)
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 reviewed the County Deferred Payment Program information [webpage](#).

 Signature of Applicant **(REQUIRED)**

 Date

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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

**When completed please mail both pages to: Auditor-Controller, OC Waste & Recycling, Accounting,
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