

**SOLID WASTE DISPOSAL CREDIT APPLICATION**

COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 WORKMAN MILL ROAD, WHITTIER, CA 90601

(562) 699-7411

MAILING ADDRESS: P.O. BOX 4998, WHITTIER, CA 90607

**NOTE: APPLICATION MUST BE COMPLETELY FILLED OUT AND NOTARIZED. PLEASE ENTER "N/A" IN FIELDS NOT APPLICABLE. BLANK FIELDS MAY RENDER APPLICATION INCOMPLETE. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT.**

COMPANY NAME		PHONE	
STREET ADDRESS		FAX	
CITY	STATE	ZIP CODE	
EMAIL ADDRESS			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
PLEASE CIRCLE APPLICABLE FORM OF BUSINESS	SOLE PROPRIETORSHIP	LIMITED PARTNERSHIP	CORPORATION
	PARTNERSHIP	LIMITED LIABILITY COMPANY	
<b>IF CORPORATION, NAME AND ADDRESS OF PARENT COMPANY</b>			
PARENT NAME		PHONE	
STREET ADDRESS		FAX	
CITY	STATE	ZIP CODE	
<b>OWNERS OR STOCKHOLDERS</b>			
NAME	TITLE	HOME ADDRESS	SOCIAL SECURITY #
<b>ACCOUNTS PAYABLE CONTACT</b>			
PHONE/EXT.		FAX	
TYPE OF BUSINESS		NO. OF YEARS IN BUSINESS	
BUSINESS LICENSE NO.		FEDERAL TAX I.D. NO.	
ESTIMATED TONNAGE PER MONTH			
<b>BANK REFERENCES (MINIMUM OF TWO)</b>			
NAME	ADDRESS	PHONE	ACCOUNT NO.

**CREDIT REFERENCES ( MINIMUM OF THREE)**

NAME	ADDRESS	PHONE	ACCOUNT NO.

**LIST OF VEHICLE LICENSE NUMBERS THAT WILL BE USING DISTRICTS' FACILITIES AND FOR WHICH DISPOSAL IDENTIFICATION CARDS SHOULD BE ISSUED:**

**PLEASE CHECK BOX INDICATING THE TYPE OF DEPOSIT YOU WILL BE SUBMITTING TO THE DISTRICT:**

- Surety Bond (on Districts' provided form only)                       Time Certificate (including Districts' assignment form)
- Savings Account (including Districts' assignment form)                       Letter of Credit                       Cashier or Certified Check

**PAYMENT IS DUE UPON RECEIPT OF STATEMENT.** ACCOUNTS WITH 30-DAY BALANCES ARE PAST DUE AND WILL HAVE CREDIT PRIVILEGES SUSPENDED IF PAYMENT IS NOT RECEIVED BY THE 15TH OF THE MONTH. ACCOUNTS DELINQUENT FOR SIXTY (60) DAYS ARE SUBJECT TO A SERVICE CHARGE OF TEN PERCENT (10%). INTEREST AT THE RATE OF ONE-HALF PERCENT (.5%) PER MONTH SHALL ACCRUE ON THE TOTAL AMOUNT THAT BECOMES DELINQUENT, INCLUSIVE OF SERVICE CHARGES, STARTING AT NINETY (90) DAYS. ANY COSTS INCURRED BY THE DISTRICTS TO COLLECT UNPAID AMOUNTS, INCLUDING ATTORNEY'S FEES, COSTS, AND EXPENSES, AND COURT FEES WILL BE PAID BY THE APPLICANT.

ACCOUNTS WILL BE CONTINUOUSLY MONITORED TO ENSURE THE UNPAID CHARGES (CURRENT AND PAST DUE; BILLED AND UNBILLED) DO NOT EXCEED THE SECURITY DEPOSIT. IF AT ANY TIME THE UNPAID CHARGES ON AN ACCOUNT EXCEED THE SECURITY DEPOSIT BY ANY AMOUNT, THE ACCOUNT HOLDER MUST INCREASE THE AMOUNT OF THE SECURITY DEPOSIT OR MAY HAVE THEIR CREDIT PRIVILEGES SUSPENDED. THE DISTRICTS ARE UNDER NO OBLIGATION TO NOTIFY ACCOUNT HOLDERS OF SUSPENSION OF CREDIT PRIVILEGES FOR ANY REASON.

THE DISTRICTS RESERVE THE RIGHT TO CHANGE THE TERMS OF THIS AGREEMENT UPON 30 DAYS OF WRITTEN NOTICE TO THE CUSTOMER.

UPON COMPLETION, THIS CREDIT APPLICATION MAY BE SUBMITTED ELECTRONICALLY TO THE DISTRICTS (VIA EMAIL OR FAX), FOLLOWED BY SENDING THE ORIGINAL DOCUMENT VIA U.S. MAIL OR OTHER CARRIER TO THE MAILING ADDRESS ABOVE.

THE SIGNATORY BELOW CERTIFIES THAT HE OR SHE IS AUTHORIZED TO ENTER INTO AND EXECUTE THIS AGREEMENT ON BEHALF OF THE PARTY WHICH HE OR SHE IS SIGNING.

THIS AGREEMENT SHALL BE GOVERNED BY THE INTERNAL LAWS OF THE STATE OF CALIFORNIA.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(To be signed by principal only)

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

**PLEASE ATTACH NOTARIAL ACKNOWLEDGMENT WHEN SUBMITTING BOTH ELECTRONIC AND PAPER VERSIONS.**

This space for Districts use only

**Account Number(s):**