

**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 # (L and D completes) _____ **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 _____
Approximate Size of Loads _____
Approximate Number of Loads Monthly _____
Called Customer (L and D completes) _____

WEIGHMASTER TICKET OPTIONS

1. Original ticket will be given to your driver.
2. Original ticket will be given to your driver and tickets will be emailed to you daily or weekly.
3. We will collect your original tickets and mail them with your monthly statement. There is a \$10.00 monthly fee for this service.

Please circle which option you would like (1) (2) (3)

*if you selected option 2 please choose () **DAILY** or () **WEEKLY** and provide email address(es) you wish the tickets to be emailed to: _____

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