DEFERRED PAYMENT POLICY

- A Security Deposit in the form of Cash or Bond (on our form) with Riverside County Department of Waste Resources as payee is required for all users, other than government agencies, before deferred payment can be extended. The amount of this deposit is based on the projected disposal fees for a three month average usage period and is subject to increase or decrease as your usage needs change.

  PLEASE NOTE: A cash deposit received in the form of a company check or personal check will have a mandatory 10 day hold to guarantee receipt of funds.

- Security will be held as a guarantee for prompt payment of monthly billings and will be claimed only in the event of default. Unpaid bills and pending charges shall not exceed the security deposit amount and are subject to a 1 ½ % per month administrative charge if the bill is not paid 15 days after the billing date.

- 501 C (3) Non-Profit businesses are subject to a 1 ½ % per month administration charge if the bill is not paid 30 days after the billing date.

- It is your responsibility to have the County listed as additional notification from your bank to receive statements pertaining to a Bond or any correspondences in regards to such.

- Accounts that are forty-five (45) days in arrears may have their deposit monies used to make their accounts current and their charge privileges revoked.

- All deferred accounts will be held responsible for any collection related costs the Department may incur on a delinquent account.

- You may request to close your account by submitting a formal request for a refund of deposits on hand or a signoff of the bond in writing. Either party may terminate the account by giving thirty (30) days written notice to the other.

- Deferred Accounts shall be reviewed for sufficient deposit or bond no less than once every two (2) years at which time we may increase or refund monies to maintain the account at a sufficient amount.

- Deferred payment privileges are extended as a convenience to users and which is subject to prompt payment of monthly billing statements.
DEFERRED PAYMENT POLICY (continued…)

- A one-time **NON-REFUNDABLE PROCESSING FEE OF $50.00** is required to cover the cost of setting up the account and the production of new Deferred Payment Cards.

- We are unable to accept credit references from the following: Banks, Credit Cards, Home Depot, and Lowes.

- Transaction cards are the property of the Riverside County Department of Waste Resources and must be surrendered upon demand.

- You may request additional or replacement cards for an additional fee of $3.00 per card, by contacting our office.

- All other administrative fees associated with a deferred payment account are attached to this document. Please keep a copy of the sheet for your records.

- **ACCESS AND USE OF YOUR DEFERRED PAYMENT ACCOUNT WILL NOT BE ALLOWED AT THE DISPOSAL SITES WITHOUT A TRANSACTION CARD ISSUED FROM THIS OFFICE.**
INFORMATION ON SECURITY DEPOSIT FORMATS

Listed below are the different forms of security deposits accepted by the County of Riverside Department of Waste Resources.

1. **Cash deposit:** This type of deposit is a check made out to the Riverside County Department of Waste Resources. We will deposit the check into our trust account, and hold the funds as surety of payment until you cancel the account, at which time the amount of your deposit is refunded if your account is paid in full.

2. **Bond deposit:** If you wish to use this type of deposit you will need to contact our office to request a Bond Form. There are quite a few accredited bonding agencies that will issue bonds (Ohio Casualty, Wausau, Insurance Company of the West, St Paul’s to name a few). The bond needs to be sent to us with all acknowledgements and corporate seal affixed. An accredited bonding agent will know how to fill out the bond form. All bonds may be adjusted higher or lower by having a rider attested. The Riverside County Department of Waste Resources holds the original bond until the account is cancelled, at which time the bond will be returned to you with a letter of release as long as the account is paid in full.
APPLICATION FOR A DEFERRED PAYMENT ACCOUNT

PLEASE PRINT OR TYPE:

Company Name ____________________________________________

Street Address ___________________________________________ Phone ______________________

City______________________________________________ Zip ______________ Fax ______________________

MAILING ADDRESS: (If different from above)
Address, City & Zip__________________________________________

Person Liable for account ________________________________ Phone ______________________

Fax ________________________________

COMPANY OFFICIALS:
President____________________________ Vice President____________________________

Secretary____________________________ Treasurer________________________________

Person Handling Monthly Billing_________________________ Phone ______________________

Checking #____________________________ Savings #____________________________

CREDIT REFERENCES:
Name Address & Zip Code Phone Number

1. _______________________________________________________

2. _______________________________________________________

3. _______________________________________________________

ACKNOWLEDGMENT
I certify that the above information is true and correct to the best of my knowledge and belief. The undersigned also acknowledges that the deferred payment to be extended will be accumulated over a period of one (1) month and payment of such charges will be made within fifteen (15) days from the date of the monthly statement. Delays beyond this period will result in a 1-½ % administrative charge and collection costs if applicable. I have received a copy of the Deferred Payment Policy.

Signature of Applicant ___________________________ Date __________

---------------------------------------------------------------------------------------------------------------------

For Waste Resources Use Only:
Deposit Required $__________________________ By: ___________________________ Date ______

Revised 06/10/15
ADDITIONAL INFORMATION REQUIRED

PLEASE PRINT OR TYPE

Company Name______________________________________________________________

Type of Business ____________________________________________________________

Type of Refuse: (Example, routine refuse, construction demo, greenwaste, roofing material)
____________________________________________________________________________

Type of vehicles entering landfill: (Mark all that apply)

Stake bed _________  Truck _____________  Truck with Trailer _________

End Dump _________  Dump Truck ________  18 wheel vehicle ___________

Roll Off ___________  Other ______________________________ (Please Explain)

Number of Cards requested: ______________

Estimated Monthly Tonnage: _____________  Estimated Monthly Loads: _______________

TRUCK INFORMATION

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<tr>
<th>Make of Truck and Trailer</th>
<th>Year</th>
<th>License #</th>
<th># of wheels</th>
<th>Vehicle Weight</th>
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<tbody>
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ACKNOWLEDGMENT
I certify that the above information is true and correct to the best of my knowledge and belief. I also have read and signed the Landfill Safety Rules and explained them to our drivers.

__________________________________________  ______________
Signature of Applicant                     Date

Revised 06/10/15
TYPE OF ENTITY

The following formats are to be used to describe your company’s entity. If your company is a corporation and is not incorporated in California, please name the state in which it is incorporated on the space provided.

1.) CORPORATION:
   a) ABC Inc., a California corporation
   b) ABC Inc., a (name of state)corporation

If not a Corporation, please circle one of the listed options that best describe your company.

2.) SOLE PROPRIETORSHIP:
   (a) John Doe and Jane Doe; or
   (b) John Doe doing business as XYZ Company

3.) JOINT PROPRIETORSHIP (2 OR MORE):
   (a) John Doe and Jane Doe; or
   (b) John Doe and Jane Doe doing business as XYZ Company

4.) JOINT VENTURE:
   a) John Doe and Jane Doe, a joint venture; or
   b) John Doe and Jane Doe, a joint venture doing business as XYZ Company

5.) UNINCORPORATED ASSOCIATION:
   a) John Doe, Jack Roe, & Frank Poe, an unincorporated association; or
   b) John Doe, Jack Roe, & Frank Poe, an unincorporated association doing business as XYZ Company

6.) GENERAL PARTNERSHIPS:
   a) XYZ Company, a general partnership comprised of John Doe, Jack Roe, & Frank Poe

7.) LIMITED PARTNERSHIP:
   a) XYZ Company, a limited partnership

8.) 501 C (3) NON-PROFIT ORGANIZATION:
   a) XYZ Foundation, a non-profit organization; or
   b) XYZ Church, a non-profit organization

9.) OTHER: Please describe:

Type of Entity information continued next page
TYPE OF ENTITY (continued…)

BUSINESS LICENSE NUMBER _______________________________________________

FEDERAL EMPLOYER IDENTIFICATION NUMBER ___________________________

If not a Corporation, the following information is required by your company.

1) OWNER’S SOCIAL SECURITY NUMBER_____________________________________________

2) OWNER’S NAME____________________________________________________________

3) OWNER’S HOME ADDRESS____________________________________________________

4) OWNER’S HOME PHONE NUMBER____________________________________________

Please return all five pages of the completed original application along with your Non-Refundable Processing Fee of $50.00 to:

Riverside County Department of Waste Resources
14310 Frederick Street, Moreno Valley, CA. 92553

Revised 06/10/15
TO ALL CHARGE CUSTOMERS:

The Riverside County Department of Waste Resources is mandated by state law to track the origin of waste entering its landfills. As an account holder with the Department, your assistance is essential. The purpose of the following question is to determine where customers do business and from which city (or unincorporated county) their waste is generated.

Does your business operate and generate refuse/trash as a result of those operations within the city limits of any of the following areas? (Please check each area)

<table>
<thead>
<tr>
<th>Banning</th>
<th>Beaumont</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blythe</td>
<td>Calimesa</td>
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<tr>
<td>Canyon Lake</td>
<td>Cathedral City</td>
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<tr>
<td>Coachella</td>
<td>Corona</td>
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<tr>
<td>Desert Hot Springs</td>
<td>Hemet</td>
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<tr>
<td>Indio</td>
<td>Indian Wells</td>
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<tr>
<td>La Quinta</td>
<td>Lake Elsinore</td>
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<tr>
<td>Moreno Valley</td>
<td>Murrieta</td>
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<td>Norco</td>
<td>Palm Desert</td>
</tr>
<tr>
<td>Palm Springs</td>
<td>Perris</td>
</tr>
<tr>
<td>Rancho Mirage</td>
<td>Riverside</td>
</tr>
<tr>
<td>San Jacinto</td>
<td>Temecula</td>
</tr>
</tbody>
</table>

Unincorporated Area (Outside any city limits)

What type of business are you in?

How long have you operated in these areas?

Person completing the above information:

____________________________________Signature

____________________________________Printed Name

____________________________________Date

____________________________________Telephone Number

____________________________________Fax number

For Waste Resources Office Use Only:

Customer Acct #: ________________ Customer Name: ____________________________
AUTHORIZATION TO RELEASE INFORMATION

I, ______________________________________, hereby authorize the release of any credit related information requested by Riverside County Department of Waste Resources for the purpose of establishing a deferred payment account with their organization. Inquiries may be made by Waste Resources either by mail, telephone, facsimile machine, or in person.

____________________________________________     _____________________
Owner / Authorized Individual     Date

____________________________________________________
Company Name