Pre-Paid accounts are set up for companies that do not wish to open a long term permanent account, but have a need to do short term hauling (usually a special project) and do not wish to send cash with the drivers of their trucks. We will estimate your security deposit based on projected average number of loads multiplied by vehicle type or projected average number of tonnage per month. The company will then make provision for the pre-paid account with the Business Office, located at 14310 Frederick Street, Moreno Valley, CA 92553, telephone number (951) 486-3200 or (951) 486-3330.

The accounts are set up under the following terms:

1. **A security deposit** (cash, cashier’s check, money order, company or personal check) made out to Riverside County Department of Waste Resources is required in order to open a Pre-Paid Account. At a minimum of $1,000 is required depending on amount of refuse that will be hauled. Please contact our main office, Account Receivable section, for security deposit calculation.
   
   **PLEASE NOTE:** A cash deposit received in the form of a personal check will have a mandatory 10 day hold to guarantee receipt of funds. All Pre-Paid accounts must always maintain a minimum balance of one load refuse at all times. Additional deposits will be required once you reach the minimum balance on your account before your account can be utilized again (please see paragraph #6 below).

2. **Refuse must come from Riverside County.**

3. The Pre-Paid account will be allowed to use the landfill facility until their prepaid balance is exhausted or they close the account. Closure of account will be processed within three (3) business days from receipt of request in writing. The remaining cash deposit balance after all charges for the billing cycle have been deducted will be refunded to you in the form of a County Warrant issued by the County Treasurers Office.

4. To open your Pre-Paid account, please complete and return the enclosed application forms to the above address attn.: Accounts Receivable.

5. Upon receiving the completed information, we will assign your company a Pre-Paid account number. **A Department issued transaction card, assigned per vehicle, will need to be presented by the driver each time they visit the landfill site.** Each load is deducted from your prepaid deposit.

6. **In the event additional deposit is required, we will notify the contact person on file from your company. Deposit must be made before you can continue to utilize our services. Payment may be hand delivered to the address above before 5pm or by mail (cash, cashier’s check, or money order to re-open same day).**

Please direct your questions to Accounts Receivable (951) 486-3200 or (951) 486-3330.
APPLICATION TO OPEN A PRE-PAID ACCOUNT

PLEASE PRINT OR TYPE

Company Name ________________________________________________________________

Street Address ___________________________ Phone ___________________________

City_________________________ Zip ___________ Fax ________________________

MAILING ADDRESS (If different from above)

Address, City & Zip________________________________________________________

Type of Business ___________________________ Estimated # Loads________________

Type of Vehicle(s) ___________________________ Number of Transaction Cards ______

Type of Refuse to be disposed ___________________________ Location of Project ______

(If demolition, proof of asbestos clearance required)

Person(s) Liable for account __________________________________________________

Phone ___________________ Email ___________________________ Fax _____________

Comments _________________________________________________________________

ACKNOWLEDGMENT

I certify that the above information is true and correct to the best of my knowledge and belief. I also certify that I have read the Landfill Safety Rules and explained them to our drivers. The undersigned acknowledges that the Pre-Paid account shall be reviewed on an annual basis for activity. Any pre-paid account with no activity for over twelve (12) months shall be contacted and the account shall be either closed and the balance on hand refunded or escheated. The remaining cash deposit balance; after all current charges for the billing cycle have been deducted, will be refunded in the form of a County Warrant, and mailed to the address indicated on the application.

Signature of Applicant ___________________________ Date _______________________

Print Name and Title

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TYPE OF ENTITY

If you are a corporation and not incorporated in California, please indicate the name of the state in which you are incorporated.  ____________________________.

(State)

If you are not a corporation, please circle one of the three business structures that best describes your company.

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

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

3. **OTHER - PLEASE DESCRIBE:**
   
   (a) ____________________________

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**BUSINESS LICENSE NUMBER** ____________________________

**FEDERAL EMPLOYER IDENTIFICATION NUMBER** ________________

Please provide the following information:

1) **OWNER’S SOCIAL SECURITY NUMBER** ____________________________

2) **OWNER’S NAME** ____________________________

3) **OWNER’S HOME ADDRESS** ____________________________

4) **OWNER’S HOME PHONE NUMBER** ____________________________