

# ACME FILL CORPORATION

"Contra Costa County's Pioneer Sanitary Landfill"

LANDFILL OFFICE:  
950 Waterbird Way  
Martinez, California 94553

Phone: 925-228-7099  
Fax: 925-228-4484

MAILING ADDRESS:  
P. O. Box 1108  
Martinez, California 94553

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Number of Years in Service: \_\_\_\_\_

Dun & Bradstreet#: \_\_\_\_\_ Tax I.D. # \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Tel.# \_\_\_\_\_

Desired Credit Limit: \_\_\_\_\_ Waste Description: \_\_\_\_\_

Please provide Credit References:

1) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct# \_\_\_\_\_

2) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct# \_\_\_\_\_

3) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct# \_\_\_\_\_

4) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct# \_\_\_\_\_

Please provide Bank References:

Dear Financial Institution, please allow the Acme Landfill to receive a credit rating on the account(s) listed below. Company Officer's Signature: \_\_\_\_\_

1) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct# \_\_\_\_\_

Bank Contact \_\_\_\_\_

2) Name: \_\_\_\_\_ Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_ Acct# \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Please complete and return to Acme Landfill. Please allow 3-5 business days for credit approval process. In some cases credit is approved faster. This process depends on the references that you supplied and the timeliness of their responses.