

2500 Highway 10 East Drumheller Alberta Office: (403) 823-1345

Box 808 Drumheller, AlbertaT0J-0Y0 Executive Director of Operations email:

 edo@drumhellerlandfill.com

Credit Application

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| **Company Information** |
| Legal Name: |
| Address: |
| City:  | Province: | Postal Code: |
| Type of Business:  | □Corporation | □Partnership | □Proprietorship |
| Date of Incorporation: | Province: | Years in Business: |
| Contact for Payment:  |
| Phone Number:  | Cell: | Email: |
| **Officers/Owners Information** |
| Name:  |
| Title: | Ownership % |
| Address: |
| Name:  |
| Title: | Ownership % |
| Address: |
| **Financial Institution Information** |
| Bank Name: |
| Phone Number:  | Email: |
| Address: |
| City:  | Province: | Postal Code: |
| Transit # | Financial Institution # | Account # |
| Contact: |
| **Trade References** |
| Name:  |
| Address: |
| City:  | Province: | Postal Code: |
| Phone Number:  | Email: |
| Name:  |
| Address: |
| City:  | Province: | Postal Code: |
| Phone Number:  | Email: |

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| **The Drumheller & District Solid Waste Management Association’s terms are net thirty (30) days from the date of disposal. Should the need arise to employ collection agents, and or attorneys to effect payment of monies due, all costs incurred for collection, including court costs, attorney fees, etc. will be paid by the customer. We affirm that we are financially able to meet commitment contracts we have made and will pay all invoices in accordance with the terms specified.** |
| **Line of Credit Requested: $** |
| I authorize and consent to the receipt and exchange of credit information with any credit reporting agency |
| or any person or corporation with whom I have or may in the future have financial dealings and agree that the information so received may be retained by the Drumheller & District Solid Waste Management Association. |
| (Must be signed by the owner if a proprietorship, by a general partner if a partnership, or by a corporate officer if a corporation) |
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| Name (printed): |
| Signature: |
| Title:  | Date: |
| **To be completed by Drumheller & District Solid Waste Management Association** |
| Credit Approved □Yes □ No(reason) | Date: |
| Assigned Customer Number: | Assigned Truck Number: |
| Name:  | Signature: |