



Lacombe Regional Waste Services Commission

APPLICATION FOR CREDIT

RR 4, Site 3, Box 18 Lacombe Alberta T4L 2N4 Phone: (403) 782-8970 Email: admin@lrwsc.ca

For the purpose of providing credit to the undersigned, I/we present to you the following information.

NAME OF COMPANY _____

ADDRESS _____

TYPE OF BUSINESS _____ YEAR STARTED _____

PHONE NO. _____ FAX NO. _____

AMOUNT CREDIT REQUESTED \$ _____ DATE _____
(Maximum \$5,000)

ACCOUNTS PAYABLE CONTACT _____ PURCHASE ORDER REQUIRED: _____ YES/NO

PERSONNEL: Names of Officers or Partners

Full Name	Residence Address	Official Title	SIN #

NAME AND ADDRESS OF BANK _____

TRANSIT # _____ BANK ACCOUNT # _____

PHONE NO. OF BANK _____ FAX NO _____

TRADE REFERENCES: Names, addresses & phone/email from whom we buy merchandise and supplies on credit.

1. _____ email: _____

2. _____ email: _____

3. _____ email: _____

In consideration of you extending credit to the undersigned, I/We jointly and severally agree to pay our account 30 days from invoice date. If the account should become past due, a service charge shall be charged to our account at the rate of 2% per month (24% per annum) on the overdue balance. This will also constitute your authority to conduct whatever personal investigation you determine necessary in reference to our above application for credit.

Signed this ___ day of _____ 20__

Witness _____

Signature of Officer

Title