TOWN OF REDCLIFF

Box 40, #1 – 3rd St NE
Redcliff, AB, TOJ 2P0
Phone 403-548-9265
Fax 403-548-6623
Email: finance@redcliff.ca
www.redcliff.ca

A/R Credit Application

DEPARTMENT: PERMITS ☐ ICE RENTAL ☐ TAXES ☐ M.O.W. ☐ LEASES ☐

NAME / COMPANY: _____

MAILING ADDRESS: _____

OWNER(S): _____ **CONTACT:** _____

PHONE(1): _____ PHONE(2): _____

EMAIL: _____ FAX / PH(3) _____

DATE OF BIRTH: Y/M/D _____ PROOF OF ID: _____
(SIN# / DL#) *

BANK INFORMATION: *(REQUIRED TO OBTAIN CREDIT INFORMATION)*

NAME OF BANK: _____ BANK ACCOUNT #: _____

BANK ADDRESS / BRANCH: _____ FAX #: _____

CITY:_____ EMAIL:_____

TERMS:

I, the undersigned, understand and agree to pay any outstanding invoices within net 30 days as well as any additional penalties incurred at 1.5% monthly. Failure to pay within net 60 may result in the account being placed on cash only until it is made current.

SIGNATURE: _____ **DATED:** _____

OFFICE USE ONLY: ***APPROVED*** ☐ ***DENIED*** ☐

ACCOUNT # _____ *FIN. CHG = 1.5% CREDIT LIMIT: $_____

APPROVED BY: _____ DATE: _____

CONFIDENTIAL: *SEE ATTACHED ATB CREDIT CHECK REPORT IF APPLICABLE*

**This information is being collected in accordance with section 3 of the Municipal Government Act and section 33 (c) of FOIP for the Town of Redcliff Accounts Receivable set up and to maintain customer contacts for Town of Redcliff taxation, utilities and receivables. To protect your privacy this information will not be shared, traded or sold or used for any purpose other than that described above and is protected by FOIP. (Freedom of Information and Protection of Privacy Act)
FOIP Coordinator, Town of Redcliff: finance@redcliff.ca or Ph: 403-548-3618.