



Redcliff/Cypress Regional Waste Management Authority
 Box 40, #1 – 3rd St NE
 13312 Range Road 71
 Redcliff, AB, T0J 2P0
 Phone 403-548-9265
 Fax 403-548-6623
 Email: finance@redcliff.ca
www.redcliff.ca

A/R Credit Application

ITEMS: TONNAGES: LEASES: OTHERS:

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

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