



Redcliff/Cypress Regional Waste Management Authority  
 Box 40, #1 – 3<sup>rd</sup> St NE  
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 Redcliff, AB, T0J 2P0  
 Phone 403-548-9265  
 Fax 403-548-6623  
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[www.redcliff.ca](http://www.redcliff.ca)

## A/R Credit Application

<b>ITEMS:</b>	<b>TONNAGES:</b>	<b>LEASES:</b>	<b>OTHERS:</b>
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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:** \_\_\_\_\_

<b>OFFICE USE ONLY:</b>		<b>APPROVED</b> ____	<b>DENIED</b> ____
ACCOUNT # _____	*FIN. CHG = 1.5%	CREDIT LIMIT: \$ _____	
APPROVED BY: _____	DATE: _____		
<b>CONFIDENTIAL: SEE ATTACHED ATB CREDIT CHECK REPORT IF APPLICABLE</b>			

\*\*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)