

2500 Highway 10 East Drumheller Alberta Box 808 Drumheller, AlbertaT0J-0Y0 Office: (403) 823-1345
Executive Director of Operations email: edo@drumhellerlandfill.com

Credit Application

Company Information						
Legal Name:						
Address:						
City:	Province:			Postal Co	Postal Code:	
Type of Business:	□Corpor	ation	□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 Info	rmation					
Bank Name:						
Phone Number:			Email:			
Address:						
City:	F	Province:		Postal Code:		
Transit #	f	Financial Institut	tion #	Account #		
Contact:						
Trade References						
Name:						
Address:						
City:	Province:			Postal Code:		
Phone Number:		Email:				
Name:						
Address:						
City:		Province:		Postal Co	ode:	
Phone Number:		Email:				

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)					
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:				