TOWN OF
Outlook
IRRIGATION CAPITAL OF SASKATCHEWAN

FORM 1

APPLICATION FOR CREDIT – OUTLOOK REGIONAL LANDFILL

Business Name: _____

Owner/President/Principle: _____

Nature of Business: _____

Name of Billing Contact Person (if different than owner/president/principle):_____

Email Address: _____

Office Phone Number: _____

Cell Number: _____

Street Address: _____

Mailing Address: _____

Town:_____ Postal Code: _____

Name and Contact Information for Local Credit Reference: _____

_____

Additional Information:

Purchase Order Required (circle Y or N) YES NO

License Plate Number(s) of Haulers: _____ _____

_____ _____ _____

Notes: _____

_____

The undersigned confirms all information provided to be correct to the best of my knowledge, I authorize the Town of Outlook to charge to my account under the above noted conditions, I understand that a statement of account shall be sent to the address(es) provided herein on a monthly basis and that failure to pay in a timely basis will result in interest being applied monthly at a rate of 2% per month with the ability to charge for service rendered being suspended while the account balance is in arrears.

Authorized Person (Printed): _____

Authorized Signature: _____ Date: _____

PLEASE NOTE: Incomplete application may delay the processing of application for credit.

OFFICE USE ONLY:

Approval Granted By (Printed):_____

Approved Signature: _____ Date: _____