



Alberni Valley Landfill

Individual or Company Name: (if limited company please specify)	Contact Person:	
	Email Address:	
Billing Address:	Phone Number:	Cell Number:
	Fax Number:	Date of Birth: (DD/MM/YYYY)
I prefer to receive my statements and invoices through: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail	S.I.N.	

Present Source of Credit: Select One

Credit Card: (Specify Type)	Credit Card No.:	Expiry Date:
Mortgage:	Bank Branch:	Phone Number:
Other: (Specify)		

I understand that as a condition of receiving credit I will be personally and/or corporately responsible for all debts owing to the Regional District on my account, and that all amounts so charged on my account are to be paid within 30 days from the date of their occurrence. It is also understood that all accounts over 60 days by Board Resolution must be placed for collection. It is also understood that failure to observe credit terms may result in cancellation of credit privileges. It is understood by signing below that you are providing authorization for us to do a credit check before approval is granted. Credit checks are completed using Equifax.

Credit Terms: 30 days payable, 2% compounded interest on overdue amounts with a minimum \$2.00 charge.

Signature: _____ Date: _____
Credit will not be granted unless the form is signed

Accepted payment methods: cheque, credit card, or EFT (please contact accounting@acrd.bc.ca for an application)

For Office Use Only:

Approved: _____ Yes _____ No Account No. _____