

Date:

Approved By: _

COMMERCIAL CREDIT APPLICATION

Legal Name of Firm:		
	ferent):	
Mailing Address:		
City/Province:		Postal Code:
Phone:	Fax:	Postal Code:
Length of Time in Busi	ness:	
Have any Owners, Prin Shareholders of a Faile Details if yes:		ctors or Shareholders ever been Owners, Principals, Partners, Directors or Yes
Have any Owners, Prin Details if yes:	cipals, Partners, Direc	etors or Shareholders ever declared Personal Bankruptcy? No Yes
Financial Institution/Ba	ank:	_Account Number
Address:		Postal Code:
Phone #:	Acc	Postal Code:ount Manager/Contact:
Name of Firm:		ll details are provided and that references are charge accounts)
Address:		Phone Code:Contact:
Phone #	Fax:	Contact:
Name of Firm:		
Address:		Phone Code:Contact:
Phone #	Fax:	Contact:
Name of Firm:		
Address:		Phone Code:Contact:
Phone #	Fax:	Contact:
Terms are Net 30 day, notice. Invoices rema of 2% per month (24% A credit limit is placed balance, or authorizat Should Alberta Waste the terms of this appli services on a solicitor I hereby authorize All including cause to con	s from date of invoice. ining outstanding at the ining outstanding at the ining on the od on each account, and tion from the Credit De and Recycling Ltd. us cation, the Customer a and his own client, or berta Waste and Recycliduct personal investig	cling Ltd. to obtain information necessary to process this application,
The information provide to the terms of this agree		the best knowledge of the Authorized Signatory. I/we understand and agree e Credit Terms above.
Date:		Credit Limit Requested:
Authorized Signature:		Print Name:
Authorized Signature: For Office Use Only:		Print Name:

Credit Limit:_