



COLUMBIA SHUSWAP REGIONAL DISTRICT

PO Box 978, 555 Harbourfront Drive NE, Salmon Arm, BC V1E 4P1
 T: 250.832.8194 | F: 250.832.1083 | TF: 1.888.248.2773 | www.csr.d.bc.ca

COMMERCIAL CREDIT APPLICATION

| General Information | | | | | | | | | |
|---|--|---|------------------------------|--------------------------------------|-----------------------------|---------------------------------------|-------------------|--|--|
| Legal Registered Name of Business: | | | | | | | | | |
| Operating Name of Business: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | Province: | | | Postal Code: | | | | |
| Business Phone: | | | Cell Phone: | | | Fax: | | | |
| Email Address: | | | | Website: | | | | | |
| Accounts Payable Contact: | | | Phone: | | | Email: | | | |
| Please provide the names of all Officers: | | | | | | | | | |
| Name | | Title | | | Contact Number | | Email | | |
| | | | | | | | | | |
| | | | | | | | | | |
| How Long in Business: (yrs) | | Date Started: | | Number of Employees: | | | | | |
| Is Location: | | <input type="checkbox"/> Owned | | <input type="checkbox"/> Leased | | <input type="checkbox"/> Rented | | | |
| If Subsidiary, Name of Parent Company: | | | | | | | | | |
| Form of Business: | | <input type="checkbox"/> Proprietorship | | <input type="checkbox"/> Partnership | | <input type="checkbox"/> Incorporated | | | |
| Are you a GST /HST Registrant: | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | GST / HST Number: | | |
| Bank Information | | | | | | | | | |
| Name of Bank: | | | Branch: | | | | | | |
| Contact: | | | Account #: | | | | | | |
| Bank Address: | | | | | | | | | |
| City: | | Province: | | | Postal Code: | | | | |
| Business Phone: | | | Fax: | | Account #: | | | | |
| Company Credit Card Number: | | | Card Type: | | Expiry | | | | |
| Trade References (2 required) | | | | | | | | | |
| Company Name: | | | | Contact: | | | | | |
| Address: | | | | | | | | | |
| City: | | Province: | | | Postal Code: | | | | |
| Business Phone: | | | Fax: | | Account #: | | | | |
| Company Name: | | | | Contact: | | | | | |
| Address: | | | | | | | | | |
| City: | | Province: | | | Postal Code: | | | | |
| Business Phone: | | | Fax: | | Account #: | | | | |

Vehicle Information (Must be completed)

Account authorization is controlled by the licence plates registered on your credit application. Please keep your account current by updating any licence plate changes prior to arrival at our disposal facilities. Please fill out the information below or attach a list if required.

| | | | |
|----------------------|--|----------------|--|
| Vehicle Make / Type: | | Licence Plate: | |
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| Vehicle Make / Type: | | Licence Plate: | |

A project / job number can be set up under your account in addition to fleet licence plates. Sub-contracted haulers arriving onsite must have reference to the project number for account authorization.

| | | | | | | | | | | | | | | | |
|-------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CSRD Approval Required: | Project Number: | | | | | | | | | | | | | | |
|-------------------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

General Information

This application is made on behalf of the above mentioned company with the understanding that the information contained is for the explicit use of the Columbia Shuswap Regional District (CSRD). Permission is granted to obtain credit information from all listed references including financial institutions. All financial information submitted in support of this credit application is true and complete in all respects.

Terms and Conditions:

1. All accounts are due and payable according to the terms stated on each invoice (net 30 days from the date of the invoice, unless otherwise specified).
2. Interest will be charged on past due accounts in accordance with CSRD Administration Rates and Charges Bylaw No. 5298.
3. NSF cheques will be subject to a charge in accordance with CSRD Administration Rates and Charges Bylaw No. 5298.
4. Failure to comply with these terms and conditions may result in cancellation of credit privileges and services without further notice.
5. The applicant agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection agencies, legal fees, and court costs.
6. The applicant consents to the obtaining of credit and/or personal information as required in connection with the credit applied for or any renewal or extension and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the undersigned has or proposed to have financial relations.
7. The applicant authorizes the CSRD to disclose information about the applicant only what it considers appropriate and in accordance with the Freedom of Information and Protection of Privacy Act of British Columbia. The applicant further agrees to indemnify the CSRD from all claims which may arise because the CSRD disclosed information about the applicant.
8. The information given in this Agreement is warranted to be true and correct.
9. This agreement must be signed by an authorized signing officer of the applicant.

The undersigned guarantees to the CSRD, the due payment of all moneys which are now or which shall at any time become due to the CSRD _____.

(legal trade name)

The signature(s) below authorize the CSRD to investigate the above mentioned company.

Signature

Signature

Name

Name

Title

Title

Office Use Only

Approved Declined If declined, reason:

| | | | | | |
|------------|--|--------|--|-------|--|
| Signature: | | Title: | | Date: | |
|------------|--|--------|--|-------|--|

Account Number: _____