

Application for Credit

APPLICANT INFORMATION

DATE: _____

Applicant Name: _____

Company Name(s): _____

Mailing Address: _____

E-mail: _____

Telephone: _____

Current Licence Plate #s: _____

Authorized persons: _____

Terms & Conditions:

1. All invoices are payable within 30 days.
2. Any outstanding invoices not paid by due date are subject to interest at the rate of 1.25% per month.
3. Any outstanding invoices over 90 days will result in usage privileges being revoked.
4. Any accounts still outstanding after 90 days will be forwarded to outside sources to collect.

I hereby request the Municipality of Kincardine to set up an account for billing purposes and authorize the Municipality of Kincardine to contact my credit references.

 Company Officer Name and Position (Please print)

 Company Officer Signature (I am authorized to bind the Corporation) Date

Credit references: Please include the Company name, name of your contact, and a valid phone number and/or email address.

1. _____
2. _____

CREDIT APPROVAL (Office Use Only)

Status: Approved	Not Approved	Conditional
Approver: (print name)	Signature:	Date Approved:

Please submit in person, mail, fax or scan and e-mail this form to:
 Municipality of Kincardine, 1475 Concession 5, RR #5, Kincardine, ON N2Z 2X6
 Fax (519) 396-1488 E-mail: accountsreceivable@kincardine.ca