

# Account Credit Application Disposal of Refuse

Company or Individual Name: \_\_\_\_\_

Billing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Office: \_\_\_\_\_ Home: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit References: 1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Business Licence No.(s): \_\_\_\_\_

Vehicle Licence No.(s): \_\_\_\_\_

## Terms and Conditions

1. Per load price is based on the rate per tonne set out in Schedule F and G of Bylaw 40-51 (as amended) as weighed by the Landfill Attendant.
2. Payable within 30 days of invoice date. Interest will be charged at 1.5% per month (18% per annum) on all overdue accounts.
3. Credit privileges will be revoked on the account if arrears exist in excess of credit terms. Overdue accounts may have their credit suspended and placed on cash only. Overdue accounts are eligible to be sent to collections. Any account placed on cash only can request to have credit re-instated upon payment of account.
4. There is a \$25.00 service fee on all cheques returned for any reason.
5. Any third party that wishes to bill to this account must be approved in advance by the account holder named above. Approvals can be sent to [civicooperations@kamloops.ca](mailto:civicooperations@kamloops.ca), and must include the name of the approved hauler/company, license plate numbers, the length of time they are approved for, and any conditions or limitations that may apply.

I (we) hereby agree to the terms as set forth and also agree that references may be contacted to support credit worthiness.

Application Date: \_\_\_\_\_ Owner/Proprietor: (Please print) \_\_\_\_\_

Signature of Authorization: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Approved - City Collector: \_\_\_\_\_

## Mail, Fax, or Email Completed Form to:

**City of Kamloops - Revenue Division:** 7 Victoria Street West, Kamloops, BC, V2C 1A2  
**P:** 250-828-3434 | **F:** 250-828-3578 | **E:** [accountsreceivable@kamloops.ca](mailto:accountsreceivable@kamloops.ca)

### CITY USE ONLY

**Account Name:**

**A/R Acct. #**