



**HIGH PRAIRIE AND DISTRICT  
REGIONAL SOLID WASTE MANAGEMENT AUTHORITY**

P.O. Box 239, High Prairie, Alberta T0G 1E0 Phone: (780) 523-5955 Fax: (780) 523-4227

**ACCOUNT APPLICATION**

BUSINESS NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

MAILING ADDRESS (If Different) \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ LTD. \_\_\_\_\_

OWNER'S (MANAGER'S) NAME \_\_\_\_\_ NO. OF YEARS IN BUSINESS \_\_\_\_\_

BILLING INSTRUCTIONS \_\_\_\_\_

PERSON TO CONTACT \_\_\_\_\_

P.O. REQUIRED \_\_\_\_\_ NO. OF INV. COPIES \_\_\_\_\_ G.S.T. NO. \_\_\_\_\_

BANK REFERENCE \_\_\_\_\_ BRANCH ADDRESS \_\_\_\_\_

TRADE REFERENCES:

(1) NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PH \_\_\_\_\_

(2) NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PH \_\_\_\_\_

(3) NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PH \_\_\_\_\_

PERSONAL REFERENCE:

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PH \_\_\_\_\_

In the event that my/our account is unpaid by the 10<sup>th</sup> day of the following month, I/we hereby authorize High Prairie & District Regional Solid Waste Management Authority to add to the account a service charge of 24% per annum, compounded monthly, on all amounts not paid within the above period and hereby agree to pay such charges.

I hereby authorize the High Prairie & District Regional Solid Waste Management Authority to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a Credit Account or for any other direct business requirement.

Any legal costs pursuant to invoice collection, on a solicitor client basis, will be the responsibility of the debtor.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

AT \_\_\_\_\_ TITLE \_\_\_\_\_

The personal information on this form is being collected for the purpose of processing credit applications under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, and is protected by the FOIP Act. If you have any questions about the collection, contact the Municipal District of Big Lakes FOIP Assistant at phone (780) 523-5955.