



CREDIT APPLICATION FORM

Company Information

Name of Company: _____ Year established _____

Check one of the following: Corporation: _____ Partnership: _____ Proprietorship: _____

Phone: _____ Fax: _____ Email _____

Address: _____

Accounts Payable Contact: _____ Credit Amount Requested: _____

References

Company Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email _____

Company Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email _____

Company Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email _____

Please note: When filling out references the Company Name, Phone and Fax number are mandatory fields if these are not filled out application will be sent back to you and will delay your application processing time. Applications are usually processed within a week if applications are filled out correctly. Please be sure you print clearly.

I hereby certify that the above information is correct and true. I understand that the terms are net 15 days and I am fully responsible for all charges to my account upon approval. My signature below authorizes the Cariboo Regional District to obtain any credit information which can be made available and agree to all terms set out in this application.

Authorized Signature

Date

Return for to the Cariboo Regional District by one of the following:

Mail: Cariboo Regional District
Suite D 180 Third Ave N
Williams Lake BC V2G2A4

Fax: 250-392-2812

Email: ar@cariboord.ca