

Western Regional Landfill Inc.

Box 2228, 106 5th Avenue

Kindersley SK, SOL 180

landfill@wrli.ca

CREDIT APPLICATION FORM

Customer or Business Nam	e:		
Billing Address:			
Street Address or P.O. Box	Town	Province	Postal Code
Email Address:			
Business Phone #	Business Fax#		
Business Information:			
Number of years in business			
Date of last financial statem	nent:		
Total Assets: \$	Total Liabilities: \$ _		
Credit Information:			
A. Bank References			
Bank Name	Telephone	Account #	Account Manager
Does the Applicant have an	established operating lin	e of credit 🔲 Y	es 🔲 No
Is or has the applicant or an	y owner, principal, office	r, or any member bee	en subject to any judgements,
collections, liens or unpaid	taxes within the last 7 yea	ars? 🔲 Yes	☐ No
B. Credit References			
Major Supp	lier Name	Telephone	Address



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We acknowledge that all accounts are due and payable upon receipt of invoice and that past due accounts will be assessed interest at 2% per month (24% annually). The applicant represents the above to be true and fully disclosed and authorizes the disclosure and release of any credit information from the credit references listed above to Western Regional Landfill Inc. (WRLI)

<u>GUARANTEE</u>		
Signed and delivered by proper representatives of the Applicant t	his day of	, 20
Company Name:		-
I, do hereby guarantee and	and all indebtedness which may	y arise as a result of
credit issuance by Western Regional Landfill Inc. (WRLI).		
Authorized Signature	Date	
Authorized Signature	Date	