



**TOWN OF THE PAS**  
 81 Edwards Avenue  
 The Pas, Manitoba R9A 1K8  
 Phone 627-1100 / Fax 623-5506

**CREDIT APPLICATION**

Legal Business Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Province: \_\_\_\_\_  
 City/Town: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Authorized Person: \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
 In Business Since: \_\_\_\_\_

Company Information
<input type="radio"/> Proprietorship
<input type="radio"/> Partnership
<input type="radio"/> Incorporated
<input type="radio"/> Subsidiary
<input type="radio"/> Division

Financial Institution: \_\_\_\_\_  
 Credit Reference #1: \_\_\_\_\_  
 \_\_\_\_\_  
 Credit Reference #2: \_\_\_\_\_  
 \_\_\_\_\_

All Authorized Vehicle License #'s: \_\_\_\_\_

**(Note: Additional authorized vehicles shall be approved by faxing a list to the Town of The Pas at 623-5506)**

We hereby agree to pay all legally billed amounts within 30 days and understand that a penalty charge of 1.25% per month will be billed on any overdue accounts. Should an account remain outstanding for more than 60 days, we understand that our credit will be discontinued and that full fees must be paid at the Waste Disposal Site Prior to dumping. Failure to pay may result in the outstanding balance being added to my property tax.

\_\_\_\_\_  
 Signature of Authorized Person Date: \_\_\_\_\_

Town of The Pas Use Only	
Credit Reference Checked: _____	, OR Applicant Known: _____
Date: _____	By: _____
Authorized Signature: _____ (Chief Finance Officer, Assistant Chief Administrator Officer, Chief Administrator Officer)	
<b>Please forward completed application to the Chief Finance Officer</b>	