

Town of Three Hills Credit Application



Personal Information

Name		
Street Address		
Mailing Address		
Phone No	Cell No	Email

Business Information

Name		
Mailing Address		
Phone No	Cell No	Email
Fax No	Accounts Payable Phone No	Accounts Payable Email

Trade References

Company Name	Company Name	Company Name
Contact Name	Contact Name	Contact Name
Location	Location	Location
Phone No	Phone No	Phone No
Credit Limit	Credit Limit	Credit Limit

Credit Amount Requested \$	I certify that the information furnished above is true and correct in every respect. I certify that I am duly authorized to complete this Credit Application Form. I understand that the account is due to be paid in 30 days from invoice date and if not paid subject to interest penalties, account revocation and collection actions. By signing hereto I grant the Town of Three Hills permission to perform any credit checks it might deem necessary.	
Signature	Name	Date
<p><i>This information is being collected for the management of the Towns credit facilities and for communications with listed trade references in accordance with the Municipal Government Act and s.33(c) of the Freedom of Information and Protection of Privacy Act. All personal information will be managed in compliance with the provisions of the FOIP Act. Questions about the collection of this information can be directed to the Chief Administrative Officer at (403) 443-5822.</i></p>		

Office Use Only			
Date Received	<input type="checkbox"/> References Checked	Reviewed By	Credit Amount Approved
Date Approved		Approved By	\$