



CITY OF DAUPHIN
100 Main Street South
Dauphin, MB R7N 1K3
CREDIT APPLICATION

Phone 622-3200 / Fax 622-3290

Date: _____

Name Of Company: _____

Address & Telephone: _____

In Business Since: _____

Financial Institution: _____

Credit Reference #1: _____

Credit Reference #2: _____

Authorized Vehicles and License #'s: _____

(Note: Additional authorized vehicles shall be approved by faxing a list to the City of Dauphin at 622-3290.)

We hereby agree to pay all legally billed amount 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 also result in the outstanding balance being added to my property taxes.

Signature of Authorized Person

CITY OF DAUPHIN USE

Credit References Checked: _____, OR Applicant Known: _____

Date: _____ By: _____

Authorizing Signature: _____
(Director of Finance, Assistant Administrator, City Administrator)

Please forward completed application to Scott Carr, CGA, Director of Finance