



TOWNSHIP OF NORTH HURON LANDFILL CREDIT APPLICATION

Full legal name of business: _____

Mailing address: _____

City: _____ Postal Code: _____

Telephone Number: _____ Cell: _____

Type of business: _____ Years in business: _____

Authorized principal's name: _____

Position: _____ Credit limit requested (\$): _____

Description of waste: _____

Payment is due within thirty (30) days of invoice date. A finance charge of 1.5% per month will be applied to any overdue accounts.

Bank reference: _____ Telephone number: _____

Trade reference: _____ Telephone number: _____

Trade reference: _____ Telephone number: _____

The authorized principle and business agree to the terms of this credit application.

Signature: _____ Date: _____

Township authorization: _____ Date: _____