



# Yellowhead County

www.yhcounty.ca

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## TRUCK FILL SYSTEM

Customer ID: \_\_\_\_\_

PIN # (4 digits): \_\_\_\_\_

### CREDIT APPLICATION

Effective Date: \_\_\_\_\_

Name of Person/Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

#### Trade References:

Name	Address	Telephone

#### Bank Reference:

Financial Institution	Address	Telephone

*In consideration of you extending credit to the undersigned I/we jointly and severally agree to pay our account according to your terms of Net 30 Days from date of invoice. If the account should become past due, a service charge shall be charged to our account at a rate of 1.5% per month on the overdue balance. If the account remains unpaid the service may be discontinued.*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_