

Cantact Name

## Municipality of South Bruce

MUNICIPAL OFFICE P.O. Box 540, 21 Gordon Street East, Teeswater, ON NOG 2SO Phone 519-392-6623 Fax 519-392-6266

## LANDFILL SITE USAGE CREDIT APPLICATION

This application is for **SOUTH BRUCE BUSINESSES/OWNERS** for a credit account for the purpose of depositing refuse in the Municipality of South Bruce Landfill sites.

- All invoices are due and payable 30 days from the date of the invoice
- Any outstanding invoices will result in credit privileges being revoked;
- Interest will be charged at a rate of 1.25% on the first day of each month after an account is older than 30 days
- Outstanding invoices over 90 days will be collected
- A notification letter will be sent stating the account must be paid within 30 days or the outstanding balance will be transferred to your municipal taxes

The Municipality of South Bruce reserves the right to restrict access to all area landfills and to cancel the credit offered herein for late payment, non-payment, or other justified cause as judged solely by the Municipality of South Bruce. A charge will apply to all NSF cheques.

The submission of this application does not commit the Municipality of South Bruce to grant credit. If credit is granted, the Municipality of South Bruce reserves the right at any time to review credit accounts and change or cancel existing credit. Accounts inactive for more than two years will be closed.

Contact Name		
Business Name:		
Mailing Address (Fire #, R	R#, P.O. Box, Town, Postal Code):	
Phone Number:	Fax Numbe	er:
E-mail Address:		
Driver's License #:		
I am a business/owner in the understand and accept the c	e Municipality of South Bruce and I conditions of this application.	have read and fully
Name	Signature	 Date