

Business Credit Application & Agreement

The credit policies of the Capital Regional District are set by the Regional District Board. Before extension of credit is considered, applicants must submit a completed confidential credit application to accountsreceivable@crd.bc.ca. Faxed or mailed applications are also accepted; please use the contact information found in the header of this page.

Incomplete applications will not be accepted. Please ensure that you:

- complete all required fields,
- provide full contact details of three commercial credit references who have extended credit to your business,
- read the **Credit Agreement** and sign it to accept the terms of credit,
- complete the **Personal Guarantee**, sign and witness by a third party. / Initial the page
- read the Terms for Applying for Credit / Initial the page

Normal processing time for credit applications is 1 – 2 weeks. This is largely dependent on how quickly we receive responses from your credit references. When completed applications have been processed notification will be emailed to the address provided.

Inquiries may be directed to the attention of:

Accounts Receivable Clerk, Revenue, Billing & Receivables

Phone 250.360.3027

Fax..... 250.360.3023

Outside Victoria 1.800.663.4425

Email accountsreceivable@crd.bc.ca

Please save this document for future reference. I invite you to contact me should you ever have questions about your account or this process.

Sincerely,

Matt Mann
Revenue, Billing & Receivables

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Personal information contained on this form is collected and will only be used for the purpose of reporting and processing this credit application form. Enquiries about the collection or use of information on this form can be directed to the Freedom of Information and Protection of Privacy contact: Senior Coordinator, FOIPPA at 250-360-3015.

for CRD use
BP#: _____
CA#: _____
Date: _____
Manager: _____

Credit Application

Name of business: _____ **In business since:** _____

Type/nature of business: _____

Legal form of business: Corporation Partnership Proprietorship

Name of applicant (*owner, principal or CEO*): _____ **Position:** _____

Accounts payable contact: _____ **Phone:** _____

Business phone: _____ **Business fax:** _____

Email: _____

Amount of credit required: _____

Have any of the principals of this business held a credit account with the CRD before? Yes No

If yes, provide the name of the account: _____ **Year:** _____

BILLING INFORMATION

Billing Address (mailing):

Street _____

City _____

Prov _____

Postal Code _____

Local Address (mailing): (*if different from billing*)

Street _____

City _____

Prov _____

Postal Code _____

If branch, division, subsidiary; name of parent company: _____

Company name(s) _____

Contact name _____

Phone(s) _____

Email _____

Street _____

City _____

Prov _____

Postal Code _____

TRADE REFERENCES

Company name: _____ **Contact Name:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Company name: _____ **Contact Name:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Company name: _____ **Contact Name:** _____

Email: _____ **Phone:** _____ **Fax:** _____

Credit Agreement – Read before signing

In consideration of the CRD accepting this application, the applicant hereby expressly consents to the following terms and conditions.

1. Customers agree to notify the CRD in writing upon any changes to the information provided in this application.
2. Payment in full shall be received by the Capital Regional District within thirty (30) days of the invoice date. Invoices will clearly state the date payment is due. Overdue balances that are unpaid after the due date will be subject to an interest penalty charge.
3. For customers disposing refuse at the Hartland Landfill, the Capital Regional District will issue an invoice at the end of each month for refuse disposed during the month. The invoice amount will be for the total quantity of refuse delivered during the month at the posted disposal rates in effect at the time of delivery.
4. The Capital Regional District reserves the right to cancel the credit offered herein for late payment, non-payment or other justified cause at the sole discretion of the Capital Regional District.
5. Accounts that are greater than 30 days overdue may be suspended until payment is made in full. If an account is suspended, payment is required on a per load basis by cash, Interac or credit card. Accounts that are suspended cannot use the automated scale.
6. Accounts that become greater than 60 days overdue will be closed. Your business must then wait at least 6 months before re-applying for credit. Any unpaid balance at the time of closure will be sent to a collection agency. Re-application for credit will not be accepted if the collection agency has not been paid in full.
7. The Capital Regional District, or agent thereof, may obtain reports containing credit or personal information regarding the applicant from the applicant's suppliers, past, present or future employer or from any other person or agency as the Capital Regional District or its agent may from time to time see fit in connection with this application. This consent is given pursuant to the Business Practices and Consumer Protection Act, Section 107. Credit References are required in the space provided on this form. The applicant authorizes the provided credit references to release necessary information pertaining to this application to the Capital Regional District.

I hereby certify that I am an owner, principal or authorized signing officer and the information contained herein is complete and accurate.

Applicant (*print name*): _____ Position: _____
 Signature: _____ Date: _____
dd-mmm-yyyy

I have **READ** the
 Credit Agreement
 Initial: _____

Personal Guarantee (owner or co-owner)

In consideration of the CRD extending credit under the terms set out above to the business/company named herein, and in which I have a financial interest, I _____, hereby agree to be personally responsible for any outstanding balances owing to the Capital Regional District whether the company I represent is incorporated or not, and to pay to the Capital Regional District upon their demand any monies, including interest owing thereon, which may be owed as a result of extending such credit and that has not been paid when due.

 Signature of owner or principal _____
 Witness signature _____
 Date: _____
dd-mmm-yyyy

Terms for Applying for Credit

**THE FOLLOWING IS IMPORTANT INFORMATION ABOUT YOUR ACCOUNT
PLEASE READ THIS DOCUMENT CAREFULLY AND SAVE IT FOR FUTURE REFERENCE**

Truck identification: To prevent unauthorized charges on your account, only trucks with your company logo will be allowed to tip on this account. **NOTE: Third party haulers will not be allowed to charge on your account.** For any of your employees who will be driving unmarked vehicles, you must provide us with a list of authorized vehicle license plate numbers which will be used for verification by staff at the landfill scale.

Contact the Landfill Office and speak to the Weigh Scale Supervisor for further information. 250-727-3331

Automated scale: Please see staff at the on-site Landfill Office for information about obtaining a radio frequency card to use the automated scale.

Payment methods: We accept cash, cheque, Interac, or by web-banking. You may pay in person at our main office, 625 Fisgard Street, or at the landfill site office. Use the remittance stub at the bottom of your bill to send us your payment by mail or make an OTC (over-the-counter) payment at your bank.

We do not accept credit card payments to pay customer credit account balances. Visa & MasterCard are accepted ONLY at the manual weigh scale when tipping. Credit applications are not required for this. We do not offer pre-authorized withdrawal from your bank account at this time.

Billing process outline:

1. The automated landfill weigh scale produces a copy of the tipping transaction "ticket". It is your driver's responsibility to provide these tickets to your accounting staff for reconciliation with your monthly invoice. When using the manual weigh scale, two copies of the tipping transaction ticket are printed. The weigh scale attendant will retain one copy signed by the driver.
2. If you notice an error on a weigh scale ticket it is your responsibility to immediately contact the Landfill Office (250-727-3331) and notify the Weigh Scale Supervisor so that a correction can be made before your monthly invoice is prepared.
3. An itemized invoice is compiled on the first business day of each month listing all weigh scale tickets charged to your account in the previous calendar month. If you are expecting a bill and do not receive one, contact the AR Billing Clerk at 250-360-3027.
4. It is your responsibility to reconcile the itemized invoice to your weigh scale ticket copies and remit the total amount due as stated on the invoice or statement, by the due date indicated.
5. Your driver is expected to hand-in all weigh scale tickets to you. However, if you are missing a ticket contact us and we will fax or email a copy. Contact us immediately if you find any problems with your itemized monthly bill. Please do not wait until the bill is overdue if you have any concerns about the charges.

I have **READ** the Terms
for Applying for Credit
Initial: _____