

**APPLICATION FOR CHARGE ACCOUNT AT
VANCOUVER LANDFILL (BURNS BOG) &/OR VANCOUVER SOUTH TRANSFER STATION**

Full Company Name: _____

Mailing Address: _____

Registered Office: _____

Business Phone Number: _____ Fax Number: _____

Date Business Commenced: _____ Incorporation Number: _____

Credit References: (Local companies only, no utility or oil companies)

- | | | |
|----------------|----------------|----------------|
| 1. Bank: _____ | Address: _____ | Fax No.: _____ |
| 2. Name: _____ | Address: _____ | Fax No.: _____ |
| 3. Name: _____ | Address: _____ | Fax No.: _____ |

Business License of Municipality Refuse Originating From: (Please provide applicable business license numbers)

- | | |
|----------------------|-------------------------------------|
| 1. Vancouver: _____ | 4. Richmond: _____ |
| 2. White Rock: _____ | 5. University Endowment Lands _____ |
| 3. Delta: _____ | 6. Other (specify) _____ |

Anticipated amount of credit required: \$ _____ (monthly)

Conditions of Account

Charges, subject to the provisions of the Refuse By-law of the City of Vancouver, are billed monthly and are due upon receipt. Interest charges are applied to overdue accounts based on the prevailing annual rate for Property Tax arrears and must be paid. **Late payment of your account will result in immediate cancellation of the account.** A service charge of \$ 35.00 (2008 rates) is levied against all dishonoured cheques.

All vehicles must be properly identified with company name on the driver's door. (Painted or magnetic signs are acceptable)

This account is strictly for the use of the above named company. Vehicles contracted for hire will not be allowed to use this account under any circumstances. All companies hauling demo material MUST submit a \$10,000.00 minimum automatically renewable irrevocable letter of credit. An automatically renewable letter of credit may be required in order to obtain credit privileges.

I verify the above information to be correct and true, and agree to the terms and conditions of this account

Director's Signature: _____ **Print Name:** _____

Date: _____ **Home Phone #** _____

Please send completed form to:
City of Vancouver
Sanitation Billing Dept.
PO Box 7747
Vancouver, B. C. V6B 8R1

<i>OFFICE USE ONLY</i>
ACCOUNT # _____