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WASTE MANAGEMENT FACILITY SERVICES ACCOUNT

SECTION A – ACCOUNT INFORMATION

Application Date:		A/R Account Number:	
Type of Account:	<input type="checkbox"/> Individual <input type="checkbox"/> Limited Company**		

****Must provide corporate search document to verify information provided**

SECTION B – CUSTOMER INFORMATION

Name of Account:			
Person to contact concerning this application:	Name:		
	Email:		
	Preferred delivery by:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
	Telephone	Office:	
		Home:	
	Cell:		
Address:			
City:		Postal Code:	
Vehicle Identification:			

SECTION C – ACCOUNT TERMS

The undersigned hereby applies for access to the Sanitary Landfill Site for purpose of disposal of waste material (excluding restricted materials) and agrees to pay the rates set forth in the Utility Bylaw C-1139. The undersigned also agrees to pay interest charges on overdue accounts at a rate of 1.5% per month or 18% per annum.

The undersigned hereby agrees that Aquatera Utilities Inc. shall have the right to refuse access and to request payment of the account in full prior to providing further services for the following reasons:

1. Non-payment of account within 30 days of invoice date
2. Lack of or improper vehicle identification
3. Improper use of facility
4. For any other reason the Aquatera Utilities Inc. staff considers sufficient

Print Name:	
Signature:	
Director/Officer Signature: (Limited Companies Only)	

FOR OFFICE USE ONLY:

Applicant's identification and/or corporate search doc verified <input type="checkbox"/>	Type: _____ (DL, Corp Search, etc.)
Date Accepted: _____	Accepted by: _____ (Signature/Staff Accepting Application)