



CREDIT APPLICATION

Finance Department Suite D, 180 North Third Avenue, Williams Lake, BC V2G 2A4
Ph: 250-392-3351 | TF: 1-800-665-1636 | Fax: 250-392-2812 | Email: ar@cariboord.ca

Name of Company: _____

Check one of the following: Corporation Partnership Proprietorship Year Established: _____

Mailing Address: _____

Accounts Payable Contact: _____ Credit Amount Requested: \$ _____

Phone: _____ Fax: _____ Email: _____

References

Company Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Company Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please note: Company name, phone, and fax number are mandatory fields; if these are not filled out the application will be sent back to you and will delay your application processing time. Applications are usually processed within a week if applications are filled out correctly. Please be sure to print clearly.

I hereby certify that the above information is correct and true. I understand that the terms are net 15 days. My signature below authorizes the Cariboo Regional District to obtain any credit information which can be made available.

Date: _____ Authorized Signature: _____

Please return this form to the Cariboo Regional District:

Mail: Accounts Receivable, Suite D - 180 Third Ave N., Williams Lake, BC V2G 2A4

Email: ar@cariboord.ca

Fax: 250-392-2812

If you have questions please call Accounts Receivable at 250-392-3351 or toll-free at 1-800-665-1636.