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REGINA

APPLICATION FOR CREDIT TERMS

Sign the completed form and submit via email to receivables@regina.ca or via fax to 306-777-6814.

TO EXPEDITE PROCESSING, ENSURE ALL APPLICABLE AREAS ARE FULLY AND ACCURATELY COMPLETED.

Type of Account

❑ Waste Services ❑ Roads ❑ Transit ❑ Permits ❑ Landfill ❑ Snow Storage ❑ Other - Specfiy:_____

Legal Entity Name		Trade Name (if applicable)	
Name of Main Contact for Application Questions		Phone ( )	Email Address
Location of Business Operating Address		City	Province / Postal Code
Date Business/Company Started DD/MM/YYYY	Former Company Name (if applicable)		Business Phone ( )
Mailing Address (if different from Business Operation Address above)		City	Province / Postal Code
Accounts Payable Contact Name	Phone ( )	Email Address	
Can we email your invoices? ❑ Yes ❑ No	Email Address	If you consented to receiving invoices by email, by using this service you consent to receiving electronic communications from the City of Regina, which uses IT software and hardware that is operated and maintained by a third party in another jurisdiction. If you wish to revoke the consent to disclose confidential or personal information and to cease receiving electronic communications as herein described, your sole and exclusive remedy is to provide the City with appropriate notice and discontinue using this service.	
1. Name of Principal(s)	Position	Business Phone ( )	Residence Phone ( )
Address		City	Province / Postal Code
2. Name of Principal(s)	Position	Business Phone ( )	Residence Phone ( )
Address		City	Province / Postal Code

Trade Credit References 1.	Position	Reference Email
2.	Position	Reference Email
3.	Position	Reference Email

AUTHORIZATION TO COLLECT, USE AND DISCLOSE PERSONAL AND COMMERCIAL INFORMATION

All personal information collected on this form is handled and maintained in accordance with the *Local Authority Freedom of Information and Protection of Privacy Act (LAFOIPP)*.

I/We the applicant understand payment is due 30 days from the date of invoice, after which time unpaid invoice balances will be subject to a monthly interest charge of 1.5% (18% annum). By signing this Credit Application, I/We hereby agree and authorize that the City of Regina may obtain credit reports or other information as deemed necessary in connection with the establishment and maintenance of a credit account; and may disclose personal information to other municipal departments and credit reporting agencies in accordance with LAFOIPP.

I/We hereby confirm that the information given for the purpose of obtaining credit is true and correct and it is agreed that notification will be given to the City of Regina.

Questions about the form should be directed to Accounts Receivable, Finance Department, PO Box 1790, 2476 Victoria Ave, Regina, SK, S4P 3C8, Phone: 306-777-7939. Concerns regarding the collection of personal information should be directed to the Access & Privacy Team at lafoipp@regina.ca.

Applicants Signature	Date DD/MM/YYYY

OFFICE USE ONLY		Security Deposit Received ❑ Yes ❑ No	Deposit Amount $
❑ Approved ❑ Declined	Approved Credit Limit $	Approved by	Date DD/MM/YYYY
Comments			