



**APPENDIX A**

**THE CORPORATION OF THE UNITED TOWNSHIPS OF  
DYSART, DUDLEY, HARCOURT, GUILFORD, HARBURN  
BRUTON, HAVELOCK, EYRE AND CLYDE**

**CREDIT APPLICATION AND AGREEMENT**

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Legal Name of Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Province Postal Code

Business Phone: (\_\_\_\_) \_\_\_\_\_ Business Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Ownership:  Sole Proprietorship  Partnership  Corporation

Type of Business:  Contractor  Manufacturer  Other – Specify \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_

**PRINCIPALS/OWNERS INFORMATION:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**BANK REFERENCE:**

Bank: \_\_\_\_\_

Address: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

TRADE REFERENCES

1. Vendor Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Vendor Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Vendor Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

In order to establish credit with the Municipality of Dysart et al, Haliburton, Ontario, I/we hereby authorize the release of any pertinent information that is requested about my/our account. My company and I authorize the Municipality of Dysart et al to make such credit investigations as the Municipality sees necessary, including contacting the trade references and banks listed herein and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to the Municipality of Dysart et al any and all information concerning the financial and credit history of my company and myself.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGEMENT AND ACCEPTANCE:**

1. **Payment of Invoice Balance:** The customer agrees to pay all invoice balances within the terms of the invoice (NET 30 DAYS).
2. **Interest on Account:** All past due accounts will be charged a late charge at the rate of 1.25% per month compounded.
3. **Default of Payment:** Should past due invoices in any amount be outstanding for 30 days or more beyond the invoice due date, the Municipality may declare the entire unpaid balance immediately due and payable.
4. **Denial of Further Credit and/or Service/Products:** If past due invoices remain unpaid, the Municipality may deny any further goods or services being placed on the account. Cash only will be accepted until the account becomes current.
5. **Recovery of Arrears through Monies Owed to Customer:** If money is owing to the customer, these amounts will be applied to the customer's general accounts receivable arrears, with notification to the customer.
6. **Collections:** In the event that an account is placed with a lawyer or collection agency, any fees incurred in the collection process will be added to the account balance along with principal and interest.

**I certify that the information set out in this credit application is true and correct.**

**I acknowledge and accept the Municipality of Dysart et al policies and practices, which is evidenced by my signature below.**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the Municipality at the address below:

The Municipality of Dysart et al  
P.O. Box 389  
135 Maple Ave  
Haliburton, Ontario  
K0M 1S0  
Attention: Treasurer