



Municipality of South Bruce

MUNICIPAL OFFICE
P.O. Box 540, 21 Gordon Street East, Teeswater N0G 2S0
Phone 519-392-6623 Fax 519-392-6266

LANDFILL SITE USAGE CREDIT APPLICATION

I/WE MAKE APPLICATION for a credit account for the purpose of depositing refuse in the Municipality of South Bruce Landfill sites. I/We understand if this application is approved, it constitute an agreement to pay for all invoices as rendered in accordance with Municipality of South Bruce's Accounts Receivable Collection Policy:

- All invoices are due and payable 30 days from the date of the invoice;
- Any outstanding invoices will result in credit privileges being revoked;
- Interest will be charged at a rate of 1.25% on the first day of each month after an account is older than 30 days, except in special circumstances, approved by the treasurer; and
- Outstanding invoices over 90 days will be collected
 - If the account holder owns property within the Municipality of South Bruce, a notification letter will be sent stating the account must be paid within 30 days or the outstanding balance will be transferred to the tax roll to be collected in the same manner as municipal taxes,
 - If the account holder does not own property in the Municipality of South Bruce, a notice will be sent out if the account is not paid within 30 days, the account will be forwarded to a collection agency to collect.

The Municipality of South Bruce will invoice monthly for refuse delivered during the month, and the posted disposal rates in effect at the time of delivery will apply. The Municipality of South Bruce reserves the right to restrict access to all area landfills and to cancel the credit offered herein for late payment, non-payment, or other justified cause as judged solely by the Municipality of South Bruce. A charge will apply to all NSF cheques.

The submission of this application does not commit the Municipality of South Bruce to grant credit. If credit is granted, the Municipality of South Bruce reserves the right at any time to review credit accounts and change or cancel existing credit. Accounts inactive for more than two years will be closed.

Business Name: _____

Contact Name: _____ Title: _____

Invoice Address: _____

Business Address: (if different from mailing address) _____

Business Phone Number: _____ Other Phone Number: _____

Fax Number: _____ Email: _____

Types of Refuse: _____

