

BULK WATER PURCHASE CREDIT APPLICATION

Legal Name:			Who has Purchasing Authority?		
Operating Name if Applicable:			Website:		
Mailing Address:			City:		Province:
Postal Code:	Phone:	Fax:	Cell:	Credit Limit Requested: \$	
PST/HST No. if exempt (if applicable):		Accounts Payable Contact:		Email:	

Please check the appropriate box:

- PROPRIETORSHIP** – Please complete all of section 2 and 3 and include a copy of a valid driver's license.
- PARTNERSHIP** – Separate applications are required for each partner and include a copy of a valid driver's license. Re: parts 1 and 2.
- LIMITED COMPANY** – Please complete all of section 1 and 3.

If company is less than 2 years old, a copy of your business license is required.

1	Date Incorporated:	How long in business under present name?	Premises are: Owned <input type="checkbox"/> Leased <input type="checkbox"/>		How long at address?	
	Principal Name (1):	Home Address:			Title	Years:
	Principal Name (2):	Home Address:			Title	Years:
	Principal Name (3):	Home Address:			Title	Years:
	Type of Business:	What will materials be used for?	Name and address of parent/affiliated companies:			
2	Applicant's Date of Birth:	Driver's License:		Applicant's S.I.N.:		
	Name of Bank 1:	Branch:	Phone:	Account:	Line of Credit/Mortgage:	
3	Name of Bank 2:	Branch:	Phone:	Account:	Line of Credit/Mortgage:	
	Trade Reference – Name:		Address:	Phone:	Fax:	
	Trade Reference – Name:		Address:	Phone:	Fax:	
	Trade Reference – Name:		Address:	Phone:	Fax:	

THE APPLICANT AFFIRMS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT AND THE APPLICANT UNDERSTANDS THAT THE TERMS OF SERVICE REQUIRE PAYMENT IN FULL OF ALL ACCOUNTS WITHIN TWENTY ONE DAYS (UNLESS OTHERWISE STATED IN WRITING) OF INVOICE DATE AND UNDERSTANDS THAT IF AN ACCOUNT IS NOT PAID IN FULL WITHIN TWENTY ONE DAYS, INTEREST AT A RATE OF 1.5% PER MONTH (COMPOUNDED RATE OF 19.6% PER ANNUM CALCULATED MONTHLY) WILL BE CHARGED ON ALL OUSTANDING AMOUNTS. THE APPLICANT(S) CONSENT TO FOOTHILLS WATER AB OBTAINING ANY BACKGROUND INFORMATION IT DEEMS NECESSARY FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR CORIX UTILITIES (FOOTHILLS WATER) INC. MAY REQUIRE, AND CONSENTS TO THE DISCLOSURE AND EXCHANGE OF INFORMATION CONCERNING THE APPLICANT AT ANY TIME. THIS CONSENT GIVEN PURSUANT TO SECTION 12 OF THE PERSONAL CREDIT REPORTING ACT, 1989.

THE APPLICANT IS APPLYING FOR SERVICE AND SIGNING THIS APPLICATION, ACKNOWLEDGES AN OBLIGATION TO PAY FOR SERVICES PROVIDED BY CORIX UTILITIES (FOOTHILLS WATER) INC. IN ACCORDANCE WITH THIS APPLICATION AND ALL APPLICABLE TARRIFS AND TERMS AND CONDITIONS AND TO BE BOUND BY AND COMPLY WITH ALL APPLICABLE TARIFFS AND TERMS AND CONDITIONS AS AMENDED OR REPEALED FROM TIME TO TIME AND AVAILABLE FOR INSPECTION AT THE CORIX UTILITIES (FOOTHILLS WATER) INC. OFFICE.

THE APPLICANT(S) CONSENT(S) TO CORIX UTILITIES (FOOTHILLS WATER) INC.(1) USING THE APPLICANT'S PERSONAL INFORMATION (INCLUDING FINANCIALLY-RELATED INFORMATION) WHEN IT IS NECESSARY IN ORDER TO SERVE THE APPLICANT AS A CUSTOMER, TO MEET LEGAL AND REGULATORY REQUIREMENTS, AND FOR INTERNAL AUDIT, STATISTICAL AND RECORD-KEEPING PURPOSES; AND (2) OBTAINING ANY REPORTS, INCLUDING ANY CREDIT, BACKGROUND AND OTHER PERSONAL INFORMATION ABOUT APPLICANT THAT CORIX DEEMS NECESSARY FROM ANY THIRD PARTIES INCLUDING CREDIT BUREAUS AND REPORTING AGENCIES OR OTHER CREDIT GRANTORS, AND CONSENTS TO THE DISCLOSURE AND EXCHANGE OF SUCH INFORMATION BY AND AMONG CORIX AND SUCH THIRD PARTIES (INCLUDING CREDIT AGENCIES AND BUREAUS AND OTHER CREDIT GRANTORS) FOR THE PURPOSES OF EVALUATING MY ELIGIBILITY FOR SERVICES OR PRODUCTS THAT ARE REQUESTED BY APPLICANT.

DATE _____ SIGNED _____ NAME _____