



**Town of Swan River**  
 Box 856, R0L 1Z0  
 ph:204-734-4586  
 fax: 204-734-5166



**Municipality of Swan Valley West**  
 Box 610, R0L 1Z0  
 ph:204-734-3344  
 fax:204-734-3701

**CREDIT APPLICATION**

Legal Business Name: \_\_\_\_\_

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

**Municipality:** \_\_\_\_\_

Province: \_\_\_\_\_

City/Town: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Authorized Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Cell: \_\_\_\_\_

In Business Since: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Credit Reference #1: \_\_\_\_\_

Credit Reference #2: \_\_\_\_\_

All Authorized Vehicle Plate #'s: \_\_\_\_\_

**Note: Additional authorized vehicles approved by faxing a list to: Town of Swan River (204-734-5166) , and Municipality of Swan Valley West (204-734-3701)**

We hereby agree to pay all legally billed amounts within 30 days and understand that a penalty charge of 1.25% per month will be billed on any overdue accounts. Should an account remain outstanding for more than 60 days, we understand that our credit will be discontinued and that any outstanding balance must be paid in full at the Landfill , Town of Swan River office, or Municipality of Swan Valley West Office prior to dumping. Failure to pay will result in the outstanding amount being added to my property tax.

\_\_\_\_\_  
 Signature of Authorized Person

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

Municipal Use Only	
Credit Reference Checked: _____	, Or Applicant known: _____
Date: _____	Received By: _____
Municipal Approval :	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
Authorized Signature: _____	_____
Name	Position
<b>PLEASE FORWARD COMPLETED APPLICATION TO CHIEF FINANCIAL OFFICER</b>	