



360 FAIRVIEW AVE. W., SUITE 211  
ESSEX, ON N8M 3G4  
1-800-563-3377  
www.ewswa.org / ask@ewswa.org

## APPLICATION FOR CREDIT FORM

### BUSINESS INFORMATION

Company Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

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

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

Number of years in Business: \_\_\_\_\_

HST Registration #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Contact Email: \_\_\_\_\_

Accounts Payable Name: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Affiliated Companies (if any): \_\_\_\_\_

Nature of Waste to be Disposed: \_\_\_\_\_

### **Please indicate the site(s) your business will deliver to:**

- Essex-Windsor Regional Landfill, 7700 County Road 18, R.R. #3, Town of Essex, N0R 1B0
- Windsor Transfer Station No. 1, 3560 North Service Rd, Windsor, ON N8X 2A9
- Transfer Station No. 2, 2021 County Road 31 R.R. #2, Town of Kingsville, N8H 2V5

Amount of Credit Requested (in Dollars): \_\_\_\_\_

### FINANCIAL INFORMATION

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

Branch: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Contact: \_\_\_\_\_

**Please return the completed application to:**

Email: [ar@ewswa.org](mailto:ar@ewswa.org) or Fax: (519) 776-6370

**THREE REFERENCES WITH WHOM YOU HAVE CREDIT:**

1. Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_

2. Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_

3. Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**TERMS OF CREDIT**

All invoices are due thirty (30) days after the INVOICE DATE. Overdue accounts are charged interest at a rate of 1.5% per month (19.56% per annum) compounded monthly. The Essex-Windsor Solid Waste Authority reserve the right to, at any time, refuse to extend credit to the applicant.

**AUTHORIZATION**

IN PROVIDING THE INFORMATION IN THIS CREDIT APPLICATION AND SIGNING BELOW, I (THE SIGNING OFFICER):

- Certify that I have read this entire application and agree to abide by the terms herein;
- Agree to promptly advise the Essex-Windsor Solid Waste Authority of any changes in the information contained in this application as set out herein;
- Authorize the Essex-Windsor Solid Waste Authority to:
  - obtain information about the applicant as permitted by law;
  - share information about this credit application and credit history with other credit grantors, credit bureaus, suppliers of services, and mortgage insurers;
  - keep this application for their records.
  - I have completed the form in its entirety.

Name: \_\_\_\_\_  
(Please Print)

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

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

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

**FOR OFFICE USE**

APPROVED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

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