



**APPLICATION FOR ACCOUNT
Rangitikei Waste Transfer
Stations**

**Rangitikei District Council
46 High Street
Private Bag 1102
Marton 4741**

Ph: (06) 327 0099
Fax: (06) 327 0097
Email: info@rangitikei.govt.nz
Web: www.rangitikei.govt.nz

Company Name:

Address:

.....

.....

Contact Name:

Telephone:

Fax:

Email:

I/we wish to charge to our account, waste transfer station fees from the transfer station located at:

(Please note, credit facilities will only be accepted at the waste transfer station nominated.)

Terms of Account:

- Waste transfer charges will be invoiced monthly.
- Payment is required no later than the 20th of the month following invoice.
- Non-payment of account may result in immediate suspension of this credit facility.
- Outstanding accounts may be passed to our debt collection agency, as per Council procedure.

I/we agree with the terms stated above, and understand that this facility may be withdrawn at any time, at the Council's sole discretion.

Signed: Date:

** Please return completed form to the Rangitikei District Council's Finance Dept at the address above **

<i>For Office Use Only:</i>		
Date received:	Send to Contractor	
Received by:	Approved: Y / N	Account Code: