

**APPLICATION FOR ACCOUNT**  
**Rangitikei Waste Transfer**  
**Stations**

**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 20<sup>th</sup> 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**I/we agree with the terms stated above, and understand that this facility may be withdrawn at any time, at the Council's sole discretion.**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 \*\*

*For Office Use Only:*

**Date received:**

**Send to Contractor**

**Account Code:**

**Received by:**

**Approved: Y / N**