

Credit Application and Agreement

The credit policies of the Capital Regional District (CRD) are set by the Regional District Board.

Before extension of credit is considered, applicants must submit all completed and signed confidential forms to Accounts Receivable by email (accountsreceivable@crd.bc.ca) or regular mail (625 Fisgard Street, Victoria, BC V8W 2S6).

Please ensure that you:

- ☐ complete all required fields on the *Credit Application* form making sure you provide full contact information of the three commercial credit references who have extended credit to your business
- ☐ read and sign the *Credit Agreement*, accepting terms of credit
- ☐ complete and sign the *Personal Guarantee* section of the *Credit Agreement*, your signature must be witnessed, signed and dated by a third party
- ☐ read and then initial the *Terms for Applying for Credit*

Note: *incomplete applications will not be accepted.*

Processed credit applications will be returned via the email address you provide. The processing time for credit applications is 1-2 weeks, depending on the response time of credit references.

Remember to save all documents for future reference (*Credit Application*, *Credit Agreement* and the *Terms for Applying for Credit*)

If you have any questions contact the Revenue Analyst at the CRD (email accountsreceivable@crd.bc.ca or phone the CRD main line 250.360.3000 and ask for Revenue Billings and Receivable in Financial Services).

Thank you.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY: Personal information is collected by the Capital Regional District under Section 26 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of reporting and processing the credit application form. Should you have questions about the collection of this information, please contact the Manager of Freedom of Information and Privacy at the Capital Regional District (250.360.3000).



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Financial Services

625 Fisgard Street, PO Box 1000
Victoria, BC, V8W 2S6

T: 250.360.3000

accountsreceivable@crd.bc.ca
www.crd.bc.ca

for CRD use

BP#: _____
CA#: _____
Date: _____
Manager: _____

Credit Application

Business Name and Year Established

Type of Business

Legal Form of Business

☐ Corporation

☐ Partnership

☐ Proprietorship

Applicant Name and Position (e.g., owner, principal, etc.)

Accounts Payable Contact Name and Phone Number

Business Phone and Email

Amount of credit required: \$

Have any of the principals of this business held a credit account with the CRD before? ☐ Yes ☐ No
If yes, provide the name of the account and year

Billing Address (Street, City, Province. and Postal Code)

Local Address *if different from billing*

Parent Company *if applicable* (Name, Address and Email)

Commercial Credit References (*provide three*) - Company Name, Contact, Email, Address and Phone



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Credit Agreement – READ BEFORE SIGNING AS THIS AFFECTS YOUR LEGAL RIGHTS

In consideration of the Capital Regional District (CRD) accepting this application, the applicant hereby expressly consents to the following terms and conditions:

1. Customers agree to notify the CRD in writing upon changes to the information provided in this application.
2. Payment in full shall be received by the CRD within 30 days of the invoice date. Invoices will clearly state the date payment is due. Overdue balances that are unpaid after the due date will be subject to an interest penalty charge. Effective January 1, 2025, an interest rate of 1.5% is applicable to unpaid invoices and subject to revision from time to time by the Capital Regional Board. No deduction may be taken by customers from an invoiced amount for any reason.
3. For customers disposing refuse at the Hartland Landfill, the CRD will issue an invoice at the end of each month. The invoice amount will be for the total quantity of refuse delivered during the month at the posted disposal rates in effect at the time of delivery.
4. The CRD reserves the right to cancel the credit offered herein for late payment, non-payment or other justified cause at the sole discretion of the CRD.
5. Accounts that are greater than 30 days overdue may be suspended until payment is made in full. If an account is suspended, payment is required on a per load basis by cash, Interac or credit card. Accounts that are suspended cannot use the automated scale.
6. Accounts that become greater than 60 days overdue will be closed. Your business must then wait at least six months before re-applying for credit. Any unpaid balance at the time of closure will be sent to a collection agency. Re-application for credit will not be accepted if the collection agency has not been paid in full.
7. The CRD, or agent thereof, may obtain reports containing credit or personal information regarding the applicant from the applicants' suppliers, past, present or future employer or from any other person or agency as the CRD, or its agent, may from time to time see fit in connection with this application. This consent is given pursuant to the *Business Practices of Consumer Protection Act*, Section 107. Credit reference are required in *Credit Application* form. The applicant authorizes the provided credit reference to release necessary information pertaining to this application to the CRD.

I hereby certify that I have read and understood this *Credit Agreement*. I am an owner, principal or authorized signing officer and the information contained herein is complete and accurate.

Applicant Name (*print*) _____ Position: _____

Signature _____ Date (dd-mmm-yy) _____

Personal Guarantee (owner or co-owner)

In consideration of the CRD extending credit under the terms set out above to the business/company named herein, and in which I have a financial interest, I _____, hereby agree to be personally responsible for any outstanding balances owing to the CRD whether the company I represent is incorporated or not, and to pay the CRD upon its demand any monies, including interest owing thereon, which may be owed as a result of extending such credit and that has not been paid when due.

Signature of owner/principal

Date Signature is Witnessed (dd-mmm-yy)

Witness Name (*print*)

Witness Signature



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Terms for Applying for Credit

**THE FOLLOWING IS IMPORTANT INFORMATION ABOUT YOUR ACCOUNT
PLEASE READ THIS DOCUMENT CAREFULLY AND SAVE IT FOR FUTURE REFERENCE**

Truck identification: To prevent unauthorized charges on your account, only trucks with your company logo will be allowed to tip on this account. **NOTE: Third party haulers will not be allowed to charge on your account.** For any of your employees who will be driving unmarked vehicles, you must provide us with a list of authorized vehicle license plate numbers which will be used for verification by staff at the landfill scale. Contact the landfill office (250.360.3410) and speak to the Weigh Scale Supervisor for further information.

Automated Scale: Please see staff at the on-site landfill office (#1 Hartland Avenue) for information about obtaining a radio frequency card to use the automated scale.

Payment Methods: We accept cash, cheque, Interac or on-line bill payment. You may pay in person at the Capital Regional District main office (625 Fisgard Street) or at the landfill site office. Use the remittance stub at the bottom of your bill to send us your payment by mail or make an over-the-counter (OTC) payment at your bank. We do not accept credit card payments to pay customer credit account balances. Visa and MasterCard are only accepted at the manual weigh scale when tipping - credit applications are not required for this. At this time, we do not offer pre-authorized withdrawal from your bank account.

Billing process: The automated landfill weigh scale produces a copy of the tipping transaction ticket. When using the manual weigh scale, two copies of the tipping transaction ticket are printed. The weigh scale attendant will retain one copy signed by the driver. **It is your driver's responsibility to hand-in all weigh scale tickets to your accounting staff** for reconciliation with your monthly invoice. However, if you are missing a ticket contact us and we will email you a copy.

If you notice an error on a weigh scale ticket it is your responsibility to immediately contact the landfill office (250.360.3410) and notify the Weigh Scale Supervisor so that a correction may be made before your monthly invoice is prepared.

An itemized invoice is compiled on the first business day of each month listing all weigh scale tickets charged to your account in the previous calendar month. Invoices are sent via email to customers as the default, unless otherwise requested. If you are expecting a bill and do not receive one, contact Revenue Billings and Receivables in Financial Services (250.360.3000). It is your responsibility to reconcile the itemized invoice to your weigh scale ticket copies and remit the total amount due as stated on the invoice or statement, by the due date indicated.

If you find any problems with your itemized monthly bill, contact us immediately. Please do not wait until the bill is overdue if you have any concerns about the charges.

I have **READ** the Terms
for Applying for Credit
Initial: _____