

Application for Credit Resource Recovery Centre Account

Business Name: _____

Postal Address: _____

Physical Address: _____

Contact Name: _____

Phone: _____ Cellphone: _____

Email: _____

Resource Recovery Centre you wish to use: (Please tick any locations you will use)

Richmond
 Mariri
 Tākaka
 Murchison

Estimated monthly spend \$ _____

I/We authorise Tasman District Council to make enquiries using the above information and I/we acknowledge that this may include disclosure of the information to credit reporting agencies, employers, or any other parties that Council deems necessary for the purpose of this application.

If this application is successful all invoices are due the 20th of the following month and any expense incurred by the Council in the course of recovering outstanding debts will be payable by the Applicant.

Signature: _____ Date: _____

PERSONAL GUARANTEE - to be completed if above is for a Business, Company or Trust

I/We acknowledge that I am aware of all the provisions of this application and the terms and conditions under which credit is to be provided to the applicant (including the disclosure of information to credit reporting agencies) and shall be bound to these conditions as principle debtor if the applicant fails to pay.

Full Name: _____

Address: _____

Date of Birth: _____ Phone: _____

Signature: _____ Date: _____

Office use Only:
 Customer Number: _____ Date: _____

Send completed application to: debtors@tasman.govt.nz