



**MUNICIPAL DISTRICT OF OPPORTUNITY NO. 17  
TRUCK FILL CREDIT APPLICATION**

CUSTOMER INFORMATION

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

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

BUSINESS INFORMATION

Year Business Started \_\_\_\_\_ Year present ownership started (if different) \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietor \_\_\_\_\_ Other \_\_\_\_\_

FINANCIAL INFORMATION

Bank \_\_\_\_\_

Address \_\_\_\_\_

CREDIT REFERENCES

Company Name	Telephone Number
1. _____	_____
2. _____	_____

**I HEREBY AUTHORIZE THE MUNICIPAL DISTRICT OF OPPORTUNITY TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS DEEMED NECESSARY IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE FOR A UTILITY ACCOUNT. IF KEY IS LOST A \$50.00 FEE PER KEY WILL BE APPLIED TO ACCOUNT.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print

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**FOR OFFICE USE ONLY**

APPROVED: \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

DEPOSIT REQUIRED: \$ \_\_\_\_\_ ACCESS # \_\_\_\_\_  
PIN # \_\_\_\_\_

*The personal information submitted pursuant to this application will be utilized for this purpose only and is subject to compliance with the Freedom of Information and Protection of Privacy Act.*