



MUNICIPAL DISTRICT OF OPPORTUNITY NO. 17
KEYLOCK 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

FOR OFFICE USE ONLY

APPROVED: _____ NOT APPROVED _____

DEPOSIT REQUIRED: \$ _____ KEY # _____

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.