

Truck Fill Credit Application



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OPPORTUNITY
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Customer Information

Customer Name: _____
First and last name

Address: _____
Unit/ PO Box # Street Municipality Postal Code

Email Address: _____ Phone #: _____

Business Information

Year Business Started: _____ Year present ownership started (if different) _____

Business Type: Corporation Partnership Proprietor Other _____

Financial Information

Bank: _____

Address: _____

Credit References

Company Name: _____ Phone #: _____

Company Name: _____ Phone #: _____

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.

Applicant: _____ Date: _____
Signature

Printed Name: _____
First and last name

For Office Use:

Access #	PIN #	\$ Deposit Required	APPROVED/ DENIED
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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. If you have any questions about the collection of this information, please contact us.

Wabasca Main Office

2077 Mistassiniy Road North Box 60 Wabasca, AB T0G 2K0
1-888-891-3778 | mdopportunity.ab.ca

