



TOWN OF
HIGH LEVEL

10511 – 103 Street
High Level, AB
T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899

Bulk Water & Sewer

Application Form

Applicant Information

Legal/Trade Name	Email Address
Address	Phone Number
Address: City/Town: Province: Postal Code:	Main Line: Cell Phone: Fax Number:

References (Please be specific)

Institution/Business	Name	Contact number
1.		
2.		
3.		

Bank Information

Bank Name	Phone Number
Address	

Credit Card Pre-Authorized Payment (Optional)

Credit Card Type	Credit Card Number	Credit Card Expiration Date	CVC

Declaration

In consideration of being allowed to obtain goods or materials from the Town of High Level, I/We, hereby agree jointly and severally, as follows:

- a. To pay all Town of High Level invoices in accordance with the payment terms stated on such invoices.
- b. To pay an interest of 2% per month (24% per annum) on overdue amounts in any invoices after the due date.(NET: 30 days)
- c. That the Town of High Level has the discretion to, at any time, suspend or cancel further privileges to me/us.

Applicant Name or Representative	Signature	Date	Provide 4 digit PIN # you would like to use

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.



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Office Use Only			
Application Date	Reference Checks	PIN	Account NO.
Comments			