

ROSERIDGE WASTE MANAGEMENT SERVICES COMMISSION
Account Application

BUSINESS NAME _____ **PHONE** _____

BUSINESS ADDRESS _____ **FAX** _____

MAILING ADDRESS _____ **E - MAIL** _____

Owners (managers) Name _____ # of years in Business _____

Billing Instructions _____

Contact Person _____ Title _____

Bank References _____ Branch _____ Phone _____

TRADE REFERENCES:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

PERSONAL REFERENCE:

Name _____ Address _____ Phone _____

I/we hereby authorize the Roseridge Waste Management Service Commission to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a Credit Account.

Date _____ At _____, in the Province of _____

Signature _____ Title _____

The applicant hereby certifies that all wastes to be shipped to the Roseridge Landfill are acceptable materials that can be disposed of in a Class II Landfill in the Province of Alberta under A.E.P. (Alberta Environment, Waste Control Regulation) and any other applicable Provincial and Federal Legislation and further more agree to abide by any current Commission Bylaw and Policy in effect that regulates and or restricts the said wastes and that any designated shipper and or agent delivering materials has full knowledge of all regulations, restrictions, bylaws.

Name _____ Signature _____ Title _____

ACCOUNT # _____

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TERMS AND CONDITIONS

1. ACCEPTANCE

By commencing the use of this account and or the delivery of waste/ materials to the Roseridge Landfill, the named account holder shall have deemed to have agreed to this contract and the terms contained therein. The contract named in the above noted statement shall contain the entire agreement between the parties with respect to the disposal privileges and no alterations and or provisions shall be allowed unless in written form from Roseridge Waste Management Service Commission

2. POLICY AND PROCEDURE

The named account holder and any authorized agent and or hauler hereby agree to abide by the bylaws, policies and procedures of the Roseridge waste Management Services Commission and any revision that may be made from time to time provided that the bylaws, policies and or procedure is not in contravention of any applicable regulatory act.

3. AUDIT ACCESS

The named account holder and any authorized agent and or hauler will be subject to load audits and waste screening at the Roseridge Landfill, and hereby further agrees that any waste delivered to and deposited at the Facility is acceptable under the AEP Waste Control Regulation and any other governing regulation for a Class II Municipal Landfill Site in the Province of Alberta.

4. LIABILITY AND INDEMNIFICATION

The named account holder and any authorized agent and or hauler hereby indemnify and save completely harmless the Commission, its members and the Manager from and against all actions, proceedings, claims, fines, demands, losses, debts, costs, damages and expenses resulting directly or indirectly out of the performance of this agreement.

5. EQUIPMENT AND OPERATOR

The named account holder and any authorized agent and or hauler must at all times abide by the Highway Traffic Act and any other regulation governing the equipment and operators thereof, including the Roseridge Waste Management Service Commission's bylaw, policies and procedures relating to this item, while onsite. This includes but is not limited to Licensing, Insurance, Speed, Controls, Scale Procedures, Direction, Fees and Operator Conduct

6. PAYMENT

In the event that my account is unpaid by the 30th day following the date of the invoice, I/we hereby authorize the Roseridge Waste Management Services Commission to add to the account a service charge of 1.5% per month on all amounts not paid within the above period and agree to pay such charges.

7. ACCOUNT APPLICANT RIGHTS

The completion of this form does not in any way directly authorize the shipment of wastes/materials to the Roseridge Landfill; the Commission reserves the exclusive right to withdraw any and all rights given under this agreement at any time without prior notice.

Signature: _____ Title _____

MAIL COMPLETED ORIGINALS TO:

Roseridge Waste Management Service Commission
c/o Manager
55515 RR251
Sturgeon County, T8R 0N9

Phone: 780-939-5678
Fax: 780-939-4788