

# THE CITY OF FLIN FLON



## Application for Commercial Billing Account

20 First Avenue  
Flin Flon, Manitoba  
R8A 0T7  
Telephone (204) 681-7511  
Fax (204) 681-7530

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

Company Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

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Billing Address (if different): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_

Fax Number: (     ) \_\_\_\_\_

I would prefer correspondence is done by email

Email Address: \_\_\_\_\_

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Contact Person's Name: \_\_\_\_\_

Contact Person's Number: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_

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Applicant's Name - Printed

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Applicant's Signature

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Date Signed

**Terms:** Due in 30 days.  
A service charge will apply to any unpaid balances  
at a rate of 1.25% monthly or 15% annually.

**Office Use Only:**

**Date Application Approved:** \_\_\_\_\_ **By:** \_\_\_\_\_