

New Account Form

Company Informat	tion _							
Business Name / Individual Name:				Operating Name of Business (only if different from previous)				
Address:		City / Town:			Province:	Postal Code:		
Phone Number:	Cell Number:			Fax Number:		E-Mail Address:		
Contact Person:	1		-					
Credit Card Informat Credit card informat account restrictions	ion is required		-		-		• • •	
Credit Card Type: VISA MasterCard	Card Number:			Expiry Date (mm/yy):	Name on Card:		
Bank Information								
Bank Name:				Bank Phone Number:				
Address:			City / Town	1:		Province:	Postal Code:	
Institution #:		Transit #:			Account #:			
Contact Person Name:				Contact Person Phone Number:				
How would you pref Mail If you prefer Email v		E-Mail	·	to?				

Upon completion please return back to Roadata Services Ltd. either by email to ap@roadata.com or fax back to 403-341-7467.



Account Terms and Conditions

Roadata Services Ltd. will be pleased to establish an account for services. This account will not be used for any government fees and will only be used for Roadata Services Ltd. fees. Please complete the "New Customer Form" and fax it back to our office at 403-341-7467, followed by the original signed copy in the mail.

Roadata Services Ltd. 4716 – 60th Street, Red Deer, Alberta T4N 7C7.

You will be invoiced for all Roadata Services Ltd. fees at the end of each month. These invoices are due within 30 days of receipt. Any invoices not paid in full by this date may be charged a 5% late penalty.

Authorization to Obtain Permits

I herby authorize Roadata Services Ltd. to obtain permit and approval services on behalf of the company.

Credit Card Information

To expedite establishment of a Roadata Services Ltd. account we require a valid credit card number. This credit card will be utilized in the event Roadata Services Ltd. fees are unpaid after 120 days. Roadata Services Ltd. will use this credit card only for payment of permit related fees on behalf of the client or for outstanding service fees.

I herby agree to comply with all the terms and conditions stated within this contract. Failure to comply with any of these conditions may result in the account status being revoked. I agree that the information given on the applicant is true to the best of my knowledge, and that I have authorization to sign on behalf of the applicant.

Business Name:		
Name (Print):	Position:	
Signature:	Date:	