

**TOWN OF MAPLE CREEK**  
P.O Box 428 | 205 JASPER STREET  
MAPLE CREEK, SK S0N 1N0  
PHONE: (306) 662-2244 | FAX (306) 662-4131



## TRUCKFILL CARD ISSUE APPLICATION

DATE: \_\_\_\_\_

BILLING NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_

CARD# \_\_\_\_\_

ISSUED BY: \_\_\_\_\_

ACTIVATED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPOSIT: \$50.00 Paid \_\_\_\_\_ A/R \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_