|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EPS_crest_2008_colour (size 300) | | **EDMONTON POLICE SERVICE****EXTRA DUTY DETAIL****CREDIT AUTHORIZATION FORM** | | | | | | | | |
| Name of Organization | | | | | | | | | | |
| Address | | | | | | | Province | | Postal Code | |
| Phone | | | Fax | | | | | No. of Years in Business | | |
| Purpose for Requesting EPS Extra Duty Detail | | | | | | | | | | |
|  | | | | | | | | | | |
| Name of Accounts Payable Person | | | | Email of Accounts Payable Person | | | | | Phone | |
| Name of Person Authorized to EPS Extra Duty Detail | | | | | | | | | Phone | |
| Billing Address for Invoice (if different from above) | | | | | | | | | Postal Code | |
| Please list credit references below: | | | | | | | | | | |
| Name of Organization | | | | Contact Person | | | | | Phone | |
| Name of Organization | | | | Contact Person | | | | | Phone | |
| Name of Organization | | | | Contact Person | | | | | Phone | |
| I declare that the information above is correct, and I understand the payment terms are 30 days. I further understand that approval of future requests for Extra Duty Detail may be jeopardized with any delay in payment past 30 days. | | | | | | | | | | |
|  |  | | | |  |  | | | |  |
|  | Signature | | | |  | Date | | | |  |
| The personal information on this form will be collected and shared for the purposes outlined in Sections 37 to 41 of the  *Freedom of Information and Protection of Privacy (FOIPP) Act* and for other legal requirements where they are  consistent with the *FOIPP Act*. If you have any questions regarding the collection of information, contact  Extra Duty Detail, Edmonton Police Service, 9620 - 103A Avenue, Edmonton, Alberta, T5H 0H7. | | | | | | | | | | |

#### EMAIL completed forms to Finance Section at [Finance@edmontonpolice.ca](mailto:Finance@edmontonpolice.ca).

Enquiries to: EPS Extra Duty Detail @ 780-421-3300 or Finance Section @ 780-421-2252