

## Creditor Update and Application Form

*Please complete the details below and return this form to the City of Albany Accounts Payable department at your earliest possible convenience.*

### Applicants Details

Personal/Company

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

Trading Name: \_\_\_\_\_

ABN: \_\_\_\_\_

Registered for GST? Yes

No

*If ABN has not been provided please complete and attach a Statement by Supplier*

Entity Type: Partnership

Company

Sole Trader/Individual

Trust

Other: \_\_\_\_\_

Type of Service: Parts & Labour

Parts Only

Labour Only

Terms of Trade: 30 Days

21 Days

14 Days

7 Days

Is your business located in Albany, Denmark, Plantagenet or Gnowangerup? Yes

No

If yes, does the business have an Indigenous owner(s)? Yes

No

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

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

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

Bank & Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

### Applicants Authorisation

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

Title/Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email completed applications to [accounts@albany.wa.gov.au](mailto:accounts@albany.wa.gov.au)

### Office Use Only

Creditor Update

New Creditor

Account Code: \_\_\_\_\_

Input By: \_\_\_\_\_

Date: \_\_\_\_\_

Checked By: \_\_\_\_\_

Date: \_\_\_\_\_