

APPLICATION FOR CREDIT SERVICES

ACCOUNT APPLICANT

NAME OF ORGANISATION: _____

TRADING AS: _____

ABN _____

ADDRESS: _____

POSTAL ADDRESS: _____

PHONE NO: _____

FAX NO: _____

EMAIL ADDRESS: - EMAIL INVOICES (Y/N) _____

CREDIT LIMIT REQUIRED: _____

AUTHORISED VEHICLES REGISTRATIONS: _____

OWNER DETAILS

OWNER NAME: _____

OWNER RESIDENTIAL ADDRESS: _____

POSTAL ADDRESS: _____

HOME PHONE NO: _____

WORK/MOBILE PHONE NO: _____

CREDIT REFERENCES

(PLEASE PROVIDE TWO EXISTING CREDITORS)

NOTE: YOU MUST CONTACT THE CREDIT REFEREE BELOW & AUTHORISE FOR THE CITY OF ALBANY TO VERIFY YOUR PAYMENT HISTORY

NAME OF CREDITOR (1): _____

ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

NAME OF CREDITOR (2): _____

ADDRESS: _____

CONTACT NAME: _____

PHONE NUMBER: _____

TERMS & CONDITIONS

City of Albany Payment Terms are Strictly 30 days from the INVOICE DATE

If payment terms are not met, credit facilities will cease, and Legal Action will commence immediately.

Overdue accounts (>35 days) will be charged 11% interest per annum

Dishonoured Cheque Fee (incl bank charge) \$12.50

DECLARATION

By Signing Below:

- I wish to apply for Credit with the City of Albany.
- The information in this application is true & complete.
- I agree to comply with the City of Albany Terms & Conditions, including legal costs incurred due to non compliance of Terms & Conditions.

SIGN HERE

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ & AGREED TO THE DECLARATION & TERMS & CONDITIONS ABOVE.

SIGNATURE OF AUTHORISED PERSON _____

NAME OF AUTHORISED PERSON _____

DATE OF APPLICATION _____

OFFICE USE ONLY	
CREDITOR CHECK 1	
CREDITOR CHECK 2	
NEW DEBTOR NO	
DATE OF AUTHORISATION	
AUTHORISED BY	