

Application for Credit Service

Account Applicant

Name Of Organisation:	_____
Trading As:	_____
Address:	_____
Postal Address:	_____
ABN:	_____
Phone No:	_____
Fax No:	_____
Email Address:	_____
Credit Limit Required:	_____

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 and authorise for the Shire of East Pilbara to verify your payment history

Name of Creditor (1):	_____
Address:	_____
Contact Name:	_____
Email Address:	_____
Phone Number:	_____
Name of Creditor (2):	_____
Address:	_____
Contact Name:	_____
Email Address:	_____
Phone Number:	_____

Terms & Conditions

Shire of East Pilbara 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) may be charged interest per annum

Dishonoured cheque fee (incl. bank charge) \$12.50

Declaration

By signing below:

I wish to apply for credit with the shire of east Pilbara.

The information in this application is true & complete.

I agree to comply with the shire of east Pilbara terms & conditions, including legal costs incurred due to noncompliance of terms & conditions.

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 Comments: _____

Creditor Check 2 Comments: _____

New Debtor No: _____

Date of Authorisation: _____

Authorised by: _____