

Credit Account Application

Applicant Details

Name/Company

ABN

GST Registered:

YES NO

Trading Name

Type of Business

Years in Business

Are premises:

OWNED LEASED

Contact Details

Street Address

Postal Address (if different from above)

Accounts Contact Name

Phone Number

Sales Contact Name

Phone Number

Fax Number

Mobile Number

E-mail address

Details of Directors / Partners / Proprietors (if additional space is required, please attach separate sheet of paper)

Name One

Position

Home Address

Phone Number

Mobile Number

Name Two

Position

Home Address

Phone Number

Mobile Number

Credit Details

Registered Office Address

Name & Branch of your bank

List of details of three principal suppliers Include Company Name / Phone number / Annual Purchases

Supplier One

Supplier Two

Supplier Three

Estimated Monthly Purchases Required

REGIONAL WASTE MANAGEMENT FACILITY ACCOUNT REQUIREMENTS

Council require the applicant to supply a list of authorised vehicles that will be given access to the landfill site and charged to the applicant's account. A purchase order may be supplied by the account holder for any occasional vehicles or a subcontractors' vehicle and that vehicle will be given access to the landfill site and charged to the applicant's account. A vehicle without authorisation will not be given access without payment in full at the time. Please list authorised applicant vehicles below:

Registration One

Registration Three

Registration Five

Registration Two

Registration Four

Registration Six

Terms and Conditions

1. Monthly accounts will be paid in full within thirty (30) days from date of invoice.
2. All Regional Waste Management Facility accounts will be paid in full within thirty (30) days of invoice.
3. The applicant must notify council in the event of the business being sold or the owners otherwise change.
4. If the applicant disputes any charges, notice of such dispute must be conveyed to Alice Springs Town Council in writing by the due date of the account.
5. Where accounts are overdue, further credit will cease until all arrears are paid in full.
6. Council reserves the right to suspend or cancel this credit facility at any time.

Credit Account Application

Terms and Conditions continued

I/We hereby apply for a credit account and certify that the information furnished by me/us is true and correct. Should my/our application be approved, I/We agree to be bound by the above terms and conditions which I/We have read and understood.

Applicant's Name

Applicant's Signature

Position

Date

GUARANTEE

In consideration of Council providing credit to the Applicant, I unconditionally guarantee the due payment by the Applicant of any and all charges herein incurred from time to time by the Applicant through such grant of credit, with the intent that this guarantee:

- a) may be enforced against me without Council first being required to exhaust any remedy it may have against the Applicant;
- b) is a continuing Guarantee and indemnity for the whole of the such charges; and
- c) is absolute, unconditional and irrevocable, and remains in full force and effect until the whole of such charges have been paid.

Guarantor's Name

Guarantor's Address

Guarantor's Signature

Witness Name

Date

Witness Signature

Should you require additional space required for guarantors please attach a separate sheet.

OFFICE USE ONLY

Approved:

Credit Limit Approved:

Rejected:

Signature of Officer

Date:

Debtor Number Allocated:

Customer Advice Sent: