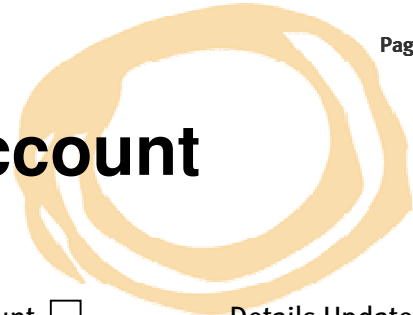




Credit Account



New Land Fill Account

General Credit Account

Details Update

APPLICANT DETAILS

Name/Company _____

ABN _____ GST Registered YES NO

Trading Name _____

Type of Business _____

Number of years in business _____ Are premises: OWNED LEASED

CONTACT DETAILS

Location Address _____

Postal Address _____

Sales _____ Phone _____

Accounts _____ Phone _____

Fax _____ Mobile _____

E-mail _____

Please list full Names / Address / Phone numbers of Directors / Partners / Proprietors

VEHICLE DETAILS Please complete if your application is for a landfill account (Please complete for all authorized vehicles delivering waste to Landfill)

Please provide authorized registration numbers

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

93 Todd Street | Mail PO Box 1071 Alice Springs NT 0871

Phone: (08) 89500500 | Fax: (08) 89530 558 | astc@astc.nt.gov.au | www.alicesprings.nt.gov.au

Application

CREDIT DETAILS

Estimated Monthly Purchases _____

Name & Branch of your Bank _____

List three principal suppliers: Company Name / Contact Name & Number / Annual Purchases

1 _____

2 _____

3 _____

DECLARATION AND AGREEMENT BY CUSTOMER

The information supplied on this form is to the best of my / our knowledge true and correct.

It is understood that Alice Springs Town Council may cancel trading facilities.

I / we undertake to inform Alice Springs Town Council immediately of any changes in Proprietors / Directors (if Limited Company). In consideration of Alice Springs Town Council providing the facilities of a credit trading account.

I/ we agree to the **14 day terms (For Landfill Accounts)** and/or **30 days (for General Accounts)** and agree to pay any debt collectors' expenses on any overdue amount. In the event of sale of business I / we agree to notify the Alice Springs Town Council of the date of sale and will be responsible for all outstanding monies up to the date of receipt of notification.

Dated this _____ day of _____ 2 _____

Signature / Name / Position of Directors / Proprietors

1 _____ 2 _____

Office Use Only	
Approved <input type="checkbox"/>	Refused <input type="checkbox"/>
Signature of Officer _____ Date _____ / _____ / _____	
Debtor Number _____	