

Details of Customer Accounts Payable/Receivable

Contact Council if you have specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Council requires all your current details to be in writing for the following. Please tick which area/s is relevant.

- Accounts Payable Account Number _____ (if known)
 Accounts Receivable Account Number _____ (if known)

COMPANY DETAILS

Company Name	<input type="text"/>
Customer Name	<input type="text"/>
Residential Address	<input type="text"/>
Postal Address	<input type="text"/>
Telephone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

PREFERRED METHOD OF CORRESPONDENCE

Australia Post	<input type="checkbox"/>
Email	<input type="checkbox"/>

ACCOUNT PAYABLE DETAILS

ABN No: Are you registered for GST?: Yes No
 Account name:
 Bank:
 Account No: BSB No: -
 Email Address for EFT Payments advice:

Please attach a copy document confirming bank details (BSB and Account Number):

Bank Statement Blank 'Void' cheque Other (specify):

LODGEMENT

I declare the information provided in this application to be complete, true and correct.

Signature: Date: / /

INFORMATION PRIVACY STATEMENT

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the *Information Privacy Act 2009*, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.