



KATHERINE TOWN COUNCIL

PO BOX 1071, KATHERINE NT 0851
ABN 47 836 889 865
Ph: 08 8972 5500 Fax: 08 8971 0305
File: 160/30/2

NEW ACCOUNT APPLICATION - WEIGHBRIDGE

Business Name: _____

Trading As: _____

Type of Business: _____

Business Address: _____

(PO Box NOT acceptable)

ABN: _____

Email: _____

Postal Address (for accounts): _____

Telephone (BH): _____ **(Mobile):** _____

(AH): _____

Accounts contact person: _____

How long have proprietors owned the business: _____

Vehicle Registrations/ Make and Model :

Trade References

1. _____ **Ph:** _____

2. _____ **Ph:** _____

3. _____ **Ph:** _____

Estimated monthly use of account: \$ _____

Please See Reverse for Terms and Conditions

Please return the completed form to:

Katherine Town Council, Civic Centre Stuart Highway or PO Box 1071 Katherine NT 0851

Telephone: 08 8972 5500 **Facsimile:** 08 8971 0305

TERMS AND CONDITIONS

1. Monthly accounts must be paid in full within **thirty (30) days** from the date of the invoice.
2. In the event that any charges appearing on the statement are disputed by the applicant, notice of such dispute must be conveyed to Council in writing before the due date of the account.
3. Where accounts are overdue, credit will not be available until all arrears are paid in full.
4. Council reserve the right to suspend/cancel this credit facility at any time.
5. In the event that Council needs to send any outstanding accounts for Debt Recovery, the account holder will be liable for all charges incurred and will be charged accordingly.

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.

Dated this _____ day of _____ 20_____

ALL REGISTERED DIRECTORS/PROPRIETORS MUST SIGN THIS APPLICATION BELOW

Signature of applicant	Signature of witness

Name of applicant (please print)	Name of Witness (please print)

Signature of applicant	Signature of witness

Name of applicant (please print)	Name of Witness (please print)

Signature of applicant	Signature of witness

Name of applicant (please print)	Name of Witness (please print)

Privacy Statement

The information requested by this form is being collected by the Council for the purpose of an Account Application and amongst other things, providing appropriate services to ratepayers, carrying out Council's functions, and in some cases, for compiling of reporting statistics. If you do not provide the information Council may not be able to process your application. You may obtain access to your personal information held by Council by submitting an application form that is available at Council or by contacting the Customer Service Officer on 08 8972 5500.

OFFICE USE ONLY:

DEBTOR NO: _____