

## APPLICATION FOR CREDIT ACCOUNT

I/We hereby apply for credit facilities from Bunbury-Harvey Regional Council in accordance with Terms and Conditions of Sale as listed below:

### 1. Terms of Payment

- a. Credit is granted with payment strictly **30 days from date of invoice** to approved credit account holders.
- b. Overdue account holders will not be supplied with goods and or services until due balances are cleared.
- c. Interest of the maximum amount (11%) allowable under the Local Government Act 1995 will apply after the 30 day due date has expired.
- d. Preferred payment method is via Electronic Funds Transfer (EFT) to our account as detailed below.

### 2. Technical Advice

- a. Bunbury-Harvey Regional Council accepts no liability for any technical advice, recommendation, information or assistance given, or the results obtained thereon.

### 3. Liability

- a. It is the responsibility of the account holder to satisfy himself/herself that the goods are of the description, quality and character suitable for the purpose for which they are to be used.
- b. Bunbury-Harvey Regional Council shall not be liable for any loss or damage whatsoever arising as a result of the account holder failing to satisfy himself/herself.

### 4. Direct Payment

- a. Details for direct payment:

<b>Bank Name:</b>	Commonwealth Bank	<b>Bank Branch:</b>	Bunbury
<b>Account Name:</b>	Bunbury-Harvey Regional Council		
<b>BSB Number:</b>	066 507	<b>Account Number:</b>	800 602
<b>Email Remittance Advice to:</b>	<a href="mailto:cobremit@bunbury.wa.gov.au">cobremit@bunbury.wa.gov.au</a>		
<b>Accounts Contact:</b>	Karen Urkko		
<b>Telephone Number:</b>	08 9792 7166		

## 5. Company Details

Please provide the following information:

<b>Company Name:</b>						
<b>Trading Name:</b>						
<b>Business Address:</b> <i>(correspondence/invoices/statements)</i>						
<b>Delivery Address:</b>						
<b>ABN No:</b>			<b>ACN No:</b>			
<b>Corporate Structure:</b> <i>(Please mark with cross)</i>	<input type="checkbox"/>	<b>Proprietary Co</b>	<input type="checkbox"/>	<b>Public Co</b>	<input type="checkbox"/>	<b>Incorporated Body</b>
	<input type="checkbox"/>	<b>Trustee</b>	<input type="checkbox"/>	<b>Sole Trader</b>	<input type="checkbox"/>	<b>Partnership</b>
	<b>Other Specify:</b>					
<b>Date Business Commenced:</b>						
<b>Credit Limit Required:</b> <i>(Please mark with a cross next to desired amount)</i>	<input type="checkbox"/>	<b>\$0 - \$1000</b>	<input type="checkbox"/>	<b>\$1001 – 10,000</b>		
	<input type="checkbox"/>	<b>\$10,001 - \$50,000</b>	<input type="checkbox"/>	<b>\$50,001 - \$100,000</b>		
	<b>Other Specify:</b>					
<b>Email Address for Accounts:</b>						
<b>Phone No: (Accounts)</b>			<b>Fax No: (Accounts)</b>			
<b>Accounts Contact</b>						

If your Business is a Company a Directors Guarantee is required. Please list all Directors along with contact details and signature below:

Directors/Owners: [print name]	Signature:
Director/Owner: [print name]	Signature:
Director/Owner: [print name]	Signature

Trade Reference 1:		Phone No:	
Trade Reference 2:		Phone No:	
Trade Reference 3		Phone No:	

I/We the undersigned give permission to Bunbury-Harvey Regional Council “BHRC” to conduct a Credit Check.

I/We agree that we have read, understood and agree to be bound by the Terms and Conditions of this application and certify that all information contained in this application is true and correct and that no omissions have been made.

\_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Authorised Representative

\_\_\_\_\_  
 Signature of Authorised Representative

FOR USE BY BUNBURY-HARVEY REGIONAL COUNCIL ACCOUNTS			
<b>Requested By:</b>		<b>Request Date:</b>	
<b>Approved By:</b>		<b>Approval Date:</b>	
<b>Approved Credit Limit:</b>			