

APPLICATION FORM CREDIT



Registered Business / Organisations / Personal Accounts

Complete this form if you are a Permanent Hirer

i.e. if you are booking Council premises more than ten (10) times per year

TERMS NET 14 DAYS

If payment is not received by Council on or before the due date, future use of facilities may be denied. Legal action may commence resulting in additional costs to the debtor.

Estimate amount of credit required per month =

Account Name: *(company/individual/organisation)*

ABN: *(if applicable)*

Address:

Post Code:

Phone No.:

Signature:

COMPANY ACCOUNTS/ORGANISATIONS

I *(Full Name)*:

ABN: *(if applicable)*

of *(Home Address)*:

Driver's Licence No.:

Date of Birth:

state that I am a Director of the Applicant Company and I hereby guarantee and accept personal liability for payment by such company of all monies, costs, damages, and interest which may become due and payable but which remain unpaid by the company from time to time.

Signature:

Title:

Date:

Witness:

N.B. If your organisation is not a registered business please supply the name and address of the responsible officer. The account will then be made out in joint names i.e. the organisation and the responsible officer.

BANK DETAILS

Bank:

Branch:

TRADE REFERENCES

	Company Name	Account No.	Phone No.
1.			
2.			
3.			

FOR COUNCIL USE

Average amount of credit per month =

Account No:

Approval: Yes No Revenue Officer:

Signature: