



City of Darwin
Shoal Bay Waste Management Facility
APPLICATION FOR CREDIT

All sections must be completed.
If a section is not applicable – insert "N/A".

Office Use Only
Account No:
N.A.R.

Name:

Trading As:

Type of Business: A.B.N.

Business Address:
(PO Box is NOT acceptable)

Do you own or lease your business premises:

Postal Address (for accounts):

Email Address:

Telephone (BH): (AH):

How long have the proprietors owned the business:

Please list Directors'/Proprietors Names and Residential Addresses

.....
.....
.....
.....

Registered Office of Company:

Bank and Branch:

Trade References:

- 1. PH.
- 2. PH.
- 3. PH.

Estimated monthly use of account: \$.....

Please See Reverse For Terms and Conditions

This completed form should be forwarded to
City of Darwin, Civic Centre Harry Chan Ave, Darwin NT (GPO Box 84, Darwin NT 0801)
E: darwin@darwin.nt.gov.au
Telephone (08) 8930 0551 Facsimile (08) 8930 0699



City of Darwin
Shoal Bay Waste Management Facility
APPLICATION FOR CREDIT

All sections must be completed.
If a section is not applicable - insert "N/A".

TERMS AND CONDITIONS

- 1. Monthly accounts will be paid in full within fourteen (14) days from the date of the account.
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 by the due date of the account.
3. Where accounts are overdue:
(a) A service fee of 16% per annum, calculated on a daily basis will be incurred;
(b) Credit will not be available until all arrears are paid in full. Access to the Shoal Bay Waste Management Facility will be permitted on a "Cash Only" basis.
4. Council reserves the right to suspend/cancel this credit facility at any time.
5. Council reserves the right to charge pro rata all account holders, during periods of non operation of the weighbridge. The pro rata charge will be levied according to the previous monthly account.

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

Signature of applicant Signature of witness
Name (Please Print) Witness's name (please print)
Signature of applicant Signature of witness
Name (Please Print) Witness's name (please print)
Signature of applicant Signature of witness
Name (Please Print) Witness's name (please print)
Signature of applicant Signature of witness
Name (Please Print) Witness's name (please print)

ALL REGISTERED DIRECTORS/PROPRIETORS MUST SIGN THIS APPLICATION

OFFICE USE ONLY

Check List completed. (Initials) (Date)
Comments:
Approved/Declined: (Signature) (Date)
Customer Advice sent (Date) (ECM Ref No.)