



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

**City of Darwin
Shoal Bay Waste Disposal Site**

APPLICATION FOR CREDIT

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

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):

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)
Telephone (08) 8930 0300 Facsimile (08) 8930 0311

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 Waste Disposal Site 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 201

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

Privacy Statement

The information requested in this form is being collected by Council for the purpose of updating our administrative and financial systems to be able to carry out Council's functions. If you do not provide the information Council may not be able to update your details or process your application. Council may disclose the information provided by you on this form to a third party, as required or authorised by the City of Darwin By-Laws of the Local Government Act or in accordance with the Information Act or our Privacy Policy which is available on our website www.darwin.nt.gov.au or on request from Council's office. You may obtain access to your personal information held by Council by submitting a request for information form that is available on our website or from the "Information Officer" (08) 8930 0300.

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Check List completed.(Initials)(Date)

Comments:

Approved/Declined:(Signature)(Date)

Customer Advice sent(Date)(ECM Ref No.)