

# NEW CREDITOR REQUEST

**If ABN is not applicable – a completed ‘Statement by Supplier’ form is required**

**Business Particulars:**

Name of Company / Partnership / Sole Trader:			
Trading Name:			
Invoice issued in the name of:			
ABN:		Nature of Business / Industry:	
Street Address:			
Postal Address:			

**Accounts Contact Details:**

Contact Name:		Accounts Phone:		Accounts Fax:	
Accounts Email:					

**Payment Information:**

BSB No:		Account Number:	
Bank & Branch:		Account Name:	
Payment Terms*:			*If not advised – Default Terms are 30 days EOM

**Privacy Statement**

The information requested in this form is being collected by Council for the purpose of updating our administrative systems to be able to carry out Council’s functions. If you do not provide the information Council may not be able to process your personal details. 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](http://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) 89300300.

**By signing below I acknowledge I have read and agree with the Privacy Statement and that the information supplied is correct**

Name:		Position:	
Signature:		Email:	
		Date:	

**Office Use Only**

Employee Name:		Resp No:		<b>Authority Administrator</b>	
Officer Signature:		Date:		NAR Number:	
<b>Completed Form to be sent to Records for processing</b>				NAR Created Date:	