

## Application for Credit Service

### ACCOUNT APPLICANT

NAME OF ORGANISATION: \_\_\_\_\_  
TRADING AS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_  
FAX NO: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
CREDIT LIMIT REQUIRED: \_\_\_\_\_

### OWNER DETAILS

OWNER NAME: \_\_\_\_\_  
OWNER RESIDENTIAL ADDRESS: \_\_\_\_\_  
POSTAL ADDRESS: \_\_\_\_\_  
HOME PHONE NO: \_\_\_\_\_  
WORK/MOBILE PHONE NO: \_\_\_\_\_

### CREDIT REFERENCES

**(PLEASE PROVIDE TWO EXISTING CREDITORS)**

**NOTE: YOU MUST CONTACT THE CREDIT REFEREE BELOW & AUTHORISE FOR THE CITY OF ALBANY TO VERIFY YOUR PAYMENT HISTORY**

NAME OF CREDITOR (1): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

NAME OF CREDITOR (2): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

**TERMS & CONDITIONS**

City of Albany Payment Terms are Strictly 30 days from the INVOICE DATE

If payment terms are not met, credit facilities will cease, and Legal Action will commence immediately.

Overdue accounts (>35 days) will be charged 11% interest per annum

Dishonoured Cheque Fee (incl bank charge) \$12.50

**DECLARATION**

By Signing Below:

I wish to apply for Credit with the City of Albany.

The information in this application is true & complete.

I agree to comply with the City of Albany Terms & Conditions, including legal costs incurred due to non compliance of Terms & Conditions.

**SIGN HERE**

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ & AGREED TO THE DECLARATION & TERMS & CONDITIONS ABOVE.

SIGNATURE OF AUTHORISED PERSON

\_\_\_\_\_

NAME OF AUTHORISED PERSON

\_\_\_\_\_

DATE OF APPLICATION

\_\_\_\_\_

<b>OFFICE USE ONLY</b>	
CREDITOR CHECK 1	
CREDITOR CHECK 2	
NEW DEBTOR NO	
DATE OF AUTHORISATION	
AUTHORISED BY	