

## Creditor Update / Application Form

**Entity details:**

Personal or Company Name					
Trading Name					
Entity Type: (Please Tick)	Sole trader/Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Company <input type="checkbox"/>	Trust <input type="checkbox"/>	Other <input type="checkbox"/> .....
ABN			Registered for GST Y <input type="checkbox"/> N <input type="checkbox"/>	***If ABN has not been provided please complete and attach a Statement by Supplier***	
Terms of Trade (please tick)	30 days <input type="checkbox"/> 21 days <input type="checkbox"/> 14 Days <input type="checkbox"/> 7 days <input type="checkbox"/> C.O.D <input type="checkbox"/>				
Type of Service (please tick)	Parts & Labour <input type="checkbox"/>		Parts Only <input type="checkbox"/>	Labour Only <input type="checkbox"/>	
Is your business located in Albany, Denmark, Plantagenet or Gnowangerup? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, does the business have an Indigenous owner(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Physical Address:					
		State:	Post Code:		
Postal Address:					
		State:	Post Code:		
Contact Person:			Tel:	Fax:	
Mobile:		Email:			

**Bank Account details:**

Account Name:	
Bank Name:	
BSB:	Account Number:

**Authorised Officer details:**

Full Name:	Title / Position:
Signature:	Date:

Please return completed forms to [accounts@albany.wa.gov.au](mailto:accounts@albany.wa.gov.au) or Fax (08) 9841 4099

Office Use Only	
Creditor Update: <input type="checkbox"/>	New Creditor: <input type="checkbox"/>
Account Code:	
Input By:	Checked By:

**City of Albany 2018**