

Creditor Update / Application Form

Entity details:

Personal or Company Name:		
Trading Name:		
ABN:		
Are you registered for GST:		
Terms of Trade:		
Physical Address:		
	State:	Post Code:
Postal Address:		
	State:	Post Code:
Contact Person:	Tel:	
Mobile:	Fax:	
E-mail Address for remittance advice:		
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		

***If ABN has not been provided above please complete and attach a Statement by Supplier ***

Bank Account details:

Account Name:	
Bank Name:	
BSB:	Account Number:

Authorised Applicant details:

Full Name:	Title / Position:
Signature:	Date:

Please return completed forms to 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: