

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: |