

Address:

City of Port Lincoln

Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606

Template No

Postal Address: PO Box 1787, Port Lincoln SA 5606

Email: plcc@plcc.sa.gov.au Web: www.portlincoln.sa.gov.au

7.1.1.30

7-1-T9

TRADE ACCOUNT APPLICATION

Company details:			
COMPANY OR BUSINESS NAME:			
CONTACT NAME:			
TRADING ADDRESS:			
			POSTCODE:
PHONE:	FAX	X:	EMAIL:
HEAD OFFICE ADDRESS:			
			POSTCODE:
PHONE:	FAX	X:	EMAIL:
ACCOUNTS PAYABLE ADDRESS:			
			POSTCODE:
PHONE:	FAX	X:	EMAIL:
INVOICES AND STATEMENTS TO BI	E EM	IAILED: YES NO NO	
TYPE OF BUSINESS:			
ABN:	AC	N:	DATE ESTABLISHED:
Ownership:			
Director/owner:		Address:	Phone:
Director/owner:		Address:	Phone:
Director/owner:		Address:	Phone:

Purpose of Account:

ade referee's will be contacted for a reference, please consider this when choosing a referee) Referee (1): Postal Address: Phone: Email: Referee (2): Postal Address: Phone: Email: Postal Address: Phone: Fax: Phone: Email: Fax: Irector/Owner Declaration: we, being director(s)/owner(s) of the above Company/Business, request a trade account with the outer Lincoln for the purposes stated above. I/We understand that all accounts are payable within 30 purpose the date of invoice and that this account may be cancelled or suspended without notice if invoice the paid by the due date. Name: Signature: Date:	Purpose:				
Vehicles accessing Resource Recovery Centre registration numbers: rade references: rade references: rade referee's will be contacted for a reference, please consider this when choosing a referee) Referee (1): Postal Address: Phone: Email: Postal Address: Postal Address: Phone: Fax: Fax: Irector/Owner Declaration: we, being director(s)/owner(s) of the above Company/Business, request a trade account with the out Lincoln for the purposes stated above. I/We understand that all accounts are payable within 30 companded to the date of invoice and that this account may be cancelled or suspended without notice if invoice paid by the due date. Name: Signature: Date:	If account is for Resource Re	covery Centre use, what	type of materials are	ntended to be disposed of	
rade references: rade referee's will be contacted for a reference, please consider this when choosing a referee) Referee (1): Postal Address: Phone: Email: Postal Address: Postal Address: Phone: Fax: Postal Address: Phone: Fax: Irector/Owner Declaration: we, being director(s)/owner(s) of the above Company/Business, request a trade account with the out Lincoln for the purposes stated above. I/We understand that all accounts are payable within 30 on the date of invoice and that this account may be cancelled or suspended without notice if invoice to paid by the due date. Name: Signature: Date:	Volume:		Frequency:		
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Office use only: Approved Declined by:	we, being director(s)/owner(s) ort Lincoln for the purposes sta om the date of invoice and tha ot paid by the due date. Name: Name: Name:	of the above Company/ated above. I/We undersont this account may be call Signature: Signature: Signature:	stand that all accounts	Date:	