



City of Port Lincoln

Template No 7-1-T64

Address: Level One, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606
Postal Address: PO Box 1787, Port Lincoln SA 5606
Email: plcc@plcc.sa.gov.au **Web:** www.portlincoln.sa.gov.au
Telephone: (08) 8621 2300 **Fax:** (08) 8621 2399

CHANGE OF DEBTOR ACCOUNT DETAILS

Company details:

COMPANY OR BUSINESS NAME:		
TYPE OF BUSINESS:		
ABN:	ACN:	DATE ESTABLISHED:
CONTACT NAME:		POSITION:
TRADING ADDRESS:		
		POSTCODE:
PHONE:	FAX:	
EMAIL:		
HEAD OFFICE ADDRESS:		
		POSTCODE:

Accounts payable details:

ACCOUNTS PAYABLE ADDRESS:	
	POSTCODE:
CONTACT NAME:	
PHONE:	FAX:
EMAIL:	
COMMENTS:	

Director/Owner Declaration:

I/we, being director(s)/owner(s) of the above Company/Business request the City of Port Lincoln to amend our trade account details as above. I/We understand that all accounts are payable within 30 days from the date of invoice and that this account may be cancelled or suspended without notice if invoices are not paid by the due date.

Name:	Signature:	Date:
Name:	Signature:	Date:

Office use only:

Debtor Code : D	Entered by:	Date:
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