



# City of Port Lincoln

Template No 7-1-T9

**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](mailto:plcc@plcc.sa.gov.au) **Web:** [www.portlincoln.sa.gov.au](http://www.portlincoln.sa.gov.au)  
**Telephone:** (08) 8621 2300 **Fax:** (08) 8621 2399

## TRADE ACCOUNT APPLICATION

### Company details:

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

### Ownership:

Director/owner:	Address:	Phone:
Director/owner:	Address:	Phone:
Director/owner:	Address:	Phone:

## Purpose of Account:

Purpose:	
If account is for Resource Recovery Centre use, what type of materials are intended to be disposed of?	
Volume:	Frequency:

## Trade references:

Referee (1):	Contact name:		
Postal Address:		Phone:	
Email:		Fax:	
Referee (2):	Contact name:		
Postal Address:		Phone:	
Email:		Fax:	

## Director/Owner Declaration:

I/we, being director(s)/owner(s) of the above Company/Business, request a trade account with the City of Port Lincoln for the purposes stated 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:
Name:	Signature:	Date:

## Office use only:

<input type="checkbox"/> Approved <input type="checkbox"/> Declined by:
New debtor code: