



24 Stuart Highway
PO Box 1071
Katherine NT 0851
records@ktc.nt.gov.au
Ph: 08 8972 5500
Fax: 08 8971 0305
ABN 4783 6889 865

NEW DEBTOR ACCOUNT APPLICATION - WEIGHBRIDGE

Business Name: _____

Trading As: _____

Type of Business: _____

Business Address: _____

(PO Box NOT acceptable)

ABN: _____

Email: _____

Postal Address (for accounts): _____

Telephone (BH): _____ (Mobile): _____

(AH): _____

Accounts contact person: _____

Accounts email: _____

How long have proprietors owned the business: _____

Vehicle Registrations / Make and Model:

_____	_____
_____	_____
_____	_____

Trade References:

1. _____ Ph: _____

2. _____ Ph: _____

3. _____ Ph: _____

Estimated monthly use of account: \$ _____

TERMS AND CONDITIONS

- 1. Monthly accounts must be paid in full within **thirty (30) days** from the date of the invoice.
- 2. In the event that any charges appearing on the statement are disputed by the applicant, notice of such dispute must be conveyed to Council in writing before the due date of the account.
- 3. Where accounts are overdue, credit will not be available until all arrears are paid in full.
- 4. Council reserves the right to suspend/cancel this credit facility at any time.
- 5. In the event that Council needs to send any outstanding accounts for Debt Recovery, the account holder will be liable for all charges incurred and will be charged accordingly.

I/We hereby apply for a credit account and certify that the information furnished by me/us is true and correct. Should my/our application be approved, I/we agree to be bound by the above terms and conditions which I/we have read and understood.

Dated this _____ day of _____ 20 _____

ALL REGISTERED DIRECTORS/PROPRIETORS MUST SIGN THIS APPLICATION BELOW

Signature of applicant

Signature of witness

Name of applicant (please print)

Name of witness (please print)

Signature of applicant

Signature of witness

Name of applicant (please print)

Name of witness (please print)

Signature of applicant

Signature of witness

Name of applicant (please print)

Name of witness (please print)

Privacy Statement

The information requested in this form is being collected for the purpose relating to this application and its conditions. If you do not provide the information Council may not be able to process your application. Katherine Town Council may disclose the information provided by you on this form to other government bodies, as required or authorised by the Katherine Town Council By-Laws, of the Local Government Act or in accordance with our Privacy Policy, which is available on our website www.katherine.nt.gov.au or on request from the Council office. You may obtain access to your personal information held by Council by submitting an application form that is available by contacting Council on (08) 8972 5500.