



# New Customer Application Form

**1. Complete Form**

**2. Sign**

**3. Fax this form back to (08) 9158 9399**

**Business Details**

Full trading name: \_\_\_\_\_

Business Name: \_\_\_\_\_ ABN: \_\_\_\_\_

Business Address: \_\_\_\_\_

Suburb \_\_\_\_\_ Post Code \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contact Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Telephone: \_\_\_\_\_

**Trade References:**

Business Name: \_\_\_\_\_

Contact Names: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_

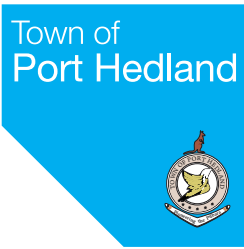
Contact Names: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Names: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact Names: \_\_\_\_\_ Telephone: \_\_\_\_\_



# New Customer Application Form

## 1. Applicants:

Full Name: \_\_\_\_\_

DOB (DD/MM/YYYY): \_\_\_\_\_ Licence Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Position Held:                      Partner                      Sole Traders                      Director                      Secretary                      Other

Applicant Signature \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

## 2. Applicants:

Full Name: \_\_\_\_\_

DOB (DD/MM/YYYY): \_\_\_\_\_ Licence Number: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

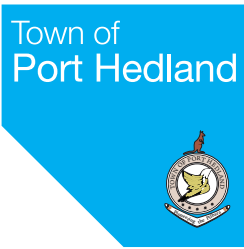
Position Held:                      Partner                      Sole Traders                      Director                      Secretary                      Other

Applicant Signature \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

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**Please ensure this form is completed accurately, otherwise your application may be delayed. By signing this application form you agree to the Terms and Conditions including warranty and authorisation outlined on the next page of this form.**



# New Customer Application Form

I/We hereby:

1. Warrant that the information provided herewith is true and correct.
2. Acknowledge that credit facilities may be withdrawn at any time without notice.
3. Agree to the terms of strictly 30 days from date of invoice.
4. TO COMPLY WITH THE PRIVACY AMENDMENT ACT 1990, as amended:
5. I/We the undersigned acknowledge that the Town of Port Hedland has informed me/us, in accordance with s.18E(8) (c) of the Privacy Act 1988, that certain items of personal information about me/us contained in this application is permitted to be kept on a credit information file and may be disclosed to a credit reporting agency. Furthermore, I/We, Town of Port Hedland, agrees to use the relevant information in accordance with the sections (s.18E(8)(c) , s.18K(1)(b), s.18k(1)(c), s.18K(1)(h), s.18N(1)(b), stated below for the purpose of assessing this application.
  1. Section 18E (8) (c) – Covers permission from an individual for the credit provider to forward and appropriate information to a credit reporting agency.
  2. Section 18K (1) (b) – Covers permission from an individual for the credit provider to obtain consumer credit history on an individual.
  3. Section 18K (1) (c) – Covers permission from a guarantor to obtain consumer information.
  4. Section 18K (1) (h) – Covers permission from an individual regarding obtaining further consumer information if the consumer defaults.
  5. Section 18N (1) (b) – Covers permission from an individual for the credit provider to give/obtain credit references from/to other credit providers.

I/We confirm I/We have read the above and understand the implication of the Privacy Act 1990.

Note: All partners, Directors, and principal officers of a company are to sign as applicable.

Please provide Full names, Addresses, Phoned Numbers, Driving Licence No's and Date of Birth.

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## TOWN OF PORT HEDLAND TRADING TERMS & CONDITIONS

### 1. Payment Terms

Payment terms are strictly 30 days from date of invoice.

### 2. Invoicing Queries

All invoicing queries / disputes must be placed in writing and forwarded to Town of Port Hedland at the address noted above.

### 3. Privacy Policy

Town of Port Hedland collect only information from suppliers and customers that is necessary to adequately conduct business. Credit information for accounts 60 days or more overdue may be disclosed to a credit reporting agency. We do not use any personal information we have collected for any other purpose without seeking the individuals consent first.

Applicant Full Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Applicant (2) Full Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_