



Bulloo Shire Council

ABN 77 018 448 039

Confidential Debtor Application

Please return to PO Box 46, Thargomindah QLD 4492
Or Fax to (07) 4655 3131 or Email: Council@bulloo.qld.gov.au

1. Applicant's Information			
Surname or Company:	Date of Birth:		_____
Given Names:	ABN No:		_____
Trading Name:	ACN No:		_____
Registered Address: <i>(if Company)</i>	State:	Postcode:	
Street Address:	State:	Postcode:	
Mailing Address:	State:	Postcode:	
Telephone:	Mobile:	Fax:	_____
Email:	Drivers Licence No:		_____
I give my consent to receive Invoices and Statements via Email: <input type="checkbox"/>		Tax File No:	
2. Applicant's Business Activity			
State Principal Activity:			
Please Tick: Company/Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> Other <input type="checkbox"/>			
3. Details of Applicant(s)			
<i>(If a Business, please provide details of Directors, Partners or Owners. If other, please provide Board or Committee Members)</i>			
1. Name: _____	2. Name: _____	3. Name: _____	
Title: _____	Title: _____	Title: _____	
Address: _____	Address: _____	Address: _____	
Phone No: _____	Phone No: _____	Phone No: _____	
Email: _____	Email: _____	Email: _____	
4. Debtor Services			
Please indicate which Council Services the account will be used for:			
Plant Hire <input type="checkbox"/> Stores Items <input type="checkbox"/> Private Works <input type="checkbox"/> Other <input type="checkbox"/>			
5. References			
1. Name: _____	2. Name: _____	3. Name: _____	
Phone No: _____	Phone No: _____	Phone No: _____	
Email: _____	Email: _____	Email: _____	
6. Terms & Conditions			
I/We hereby apply for a debtor account as per the details submitted and understand that if credit is granted it will be subject to the following conditions:			
1. The customer must notify Bulloo Shire Council of any changes to the following:			
a. Business Activity			
b. Postal, Business Address or Email Address			
c. Ownership or Directors of the Business			
2. Payment for all debtors are due within twenty eight (28) days of the issue of Councils Invoice.			
3. After an account has been outstanding for a period of twenty eight (28) days a letter is sent along with the statement requesting payment within fourteen (14) days.			
4. If no payment is received within fourteen (14) days, a final letter of demand will be sent detailing that failure to pay the final demand letter may mean Council shall undertake legal recovery.			
Signature of Authorised Representative: _____			
Full Name <i>(please print)</i> : _____			
Title: _____			
Date of Agreement: _____			
Office Use Only:	Approved By: _____	Signed: _____	Date: _____
Date Received: _____	Debtor Code: _____		
Entered By: _____	Date: _____	Confirmed By: _____	Date: _____