ETHERIDGE SHIRE COUNCIL

…The Golden Heart of the Gulf

CREDITOR APPLICATION FORM

To ensure our Creditors system is current please complete the following and return via post or email to accounts@etheridge.qld.gov.au as soon as possible.

Council cannot process any invoices for payment until we receive this form.

Please note: All sections of this form MUST be filled in – when not applicable please mark as N/A

COMPANY DETAILS:		
Company/ individual Name:		
Legal name: (if applicable)		
ABN number: (if applicable)		
GST status (please circle):	☐ **Registered**	☐ **Not Applicable**
Business email:		
Mailing address:		
Street address:		
ACCOUNT DETAILS		
Accounts contact name:		
Phone:		
Email address:		
Payment terms:		
ORDERING DETAILS		
Ordering contact name:		
Phone:		
Mobile:		
Email address:		
PAYMENT DETAILS		
Preferred payment type:	☐**Cheque**	☐**EFT**
BSB number:		
Account number:		
Account name:		
Verification of details provided on Creditors Application Form (Owner or Director of company to sign ONLY) I certify that the above information provided to Etheridge Shire Council is, to my knowledge, correct and true; and that the bank details provided are that of the company/individual applying for credit.		
Authorising signature:		**Date Authorised:**
Full name of authorising officer:		
Position held:	**Owner Director Other (Please specify):** _____	

ABN 57 665 238 857

Address all correspondence to:
The Chief Executive Officer
PO Box 12
GEORGETOWN QLD 4871

Phone: (07) 4079 9090
Email: info@etheridge.qld.gov.au
41 St George Street, GEORGETOWN QLD 4871

OFFICE USE ONLY			
Creditor Code:			
Entered By:		**Checked By:**	
Date Entered:		**Date Checked:**	
BANK DETAIL VERIFICATION			
Method of Verification:	☐ **Phone**	☐ **Email**	
Bank:			
Verbal Verification of details confirmed with: (Full name)			
Position of Verifier:			
Date Verified:			
VERIFICATION CHECKLIST: (Please tick)			
ABN		**Verified By: (Initial)**	
BSB			
Account Number		**Notes:**	
Account Name			
Bank			

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