

Debtor Account Application for Landfill Disposal Account



PRIVACY NOTICE: Livingstone Shire Council is collecting the personal information you supply on this form for the purpose of processing your application. Some of this information may be given to other sections of Council for the purpose of assessing your application. Your personal details will not be disclosed to any other person or agency external to Council without your consent unless required or authorised by law.

ABN: 95 399 253 048
Telephone: 07 4913 5000 or 1300 790 919
Postal: PO Box 2292 Yeppoon QLD 4703
Enquiries: www.livingstone.qld.gov.au/OnlineServices

APPLICANT DETAILS			
Registered Trading or Company Name:		ABN:	

DETAILS OF DIRECTORS / PARTNERS / SOLE TRADERS / TRUSTEES			
1.	Name:		
	Address:		Postcode:
	Email:		Phone Number:
2.	Name:		
	Address:		Postcode:
	Email:		Phone Number:

BUSINESS DETAILS			
Trading/Home Address:		Postcode:	
Postal Address:		Postcode:	
Work Phone Number:		Home Phone Number:	Mobile Phone Number:
Email:			

AUTHORISED VEHICLES				
Authorised Vehicle Make & Model	Vehicle Registration Number:	Vehicle Type/Configuration eg. for Other – 2 axle rigid	GVM Or GCM	Carrier (if <u>NOT</u> vehicle owner)
		<input type="checkbox"/> Light Vehicle (ie. car/ute/van/trailer) <input type="checkbox"/> Other > 4.5t		
		<input type="checkbox"/> Light Vehicle (ie. car/ute/van/trailer) <input type="checkbox"/> Other > 4.5t		
		<input type="checkbox"/> Light Vehicle (ie. car/ute/van/trailer) <input type="checkbox"/> Other > 4.5t		
		<input type="checkbox"/> Light Vehicle (ie. car/ute/van/trailer) <input type="checkbox"/> Other > 4.5t		
		<input type="checkbox"/> Light Vehicle (ie. car/ute/van/trailer) <input type="checkbox"/> Other > 4.5t		

TRADE REFERENCES			
1.	Name:		
	Address:		Postcode:
	Email:		Phone Number:
2.	Name:		
	Address:		Postcode:
	Email:		Phone Number:

Please note: For Waste Cleansing accounts, the approval of this application is at the discretion of the Program Manager after a monthly usage amount has been established. To maintain the account, debtors must exceed \$200 per month.

TERMS AND CONDITIONS

I/We the undersigned hereby applies to Livingstone Shire Council ABN 95 399 253 048 for a credit account if this application is approved. I/We agree as follows:

1. That the information provided herein is true and correct in every particular and that all material facts have been disclosed to Livingstone Shire Council.
2. That payment for all Goods and Services supplied by Livingstone Shire Council for which an invoice is issued is due and payable no later than 30 days from the date which appears on any such invoice, unless otherwise stated.
3. The undersigned and any director or principal of the applicant have never been made bankrupt and are solvent and are able to pay their debts as they fall due. They have not made any compromise or arrangement with their creditors and no application has been made or proposed to summon a meeting or their creditors or any class of them.
4. That the applicant (if a corporation) is solvent and able to pay its debts as they fall due and is not in liquidation or being wound up. No meeting has been called or resolution has been passed or order made for such purposes and no Receiver or Receiver and Manager has been appointed in respect of the applicant. The applicant has not made any compromise or arrangement with its creditors or any class of them and no application has been proposed or made to any court for any order summoning a meeting of its creditors or any class of them.
5. If the applicant is a trustee of any trust it has the power to execute this application and enter into every transaction in relation to the credit account with Livingstone Shire Council (and has a corresponding right under the trust assets in respect of these matters) and executes this application in its personal capacity and in its capacity as trustee of each trust.
6. Each of the undersigned hereby authorises Livingstone Shire Council pursuant to the Privacy Act to give and to receive personal credit information including consumer credit information concerning themselves from third parties including credit reporting agencies and other credit providers identified in the application or from other information obtained by Livingstone Shire Council (Third Parties) for the purposes of assessing the application, deciding whether to accept the undersigned as a guarantor for the application, notifying Third Parties of a default in respect of the application and the collection of overdue payments.
7. The Applicant named in this application will be given access to their personal information in this application form for the purposes of assessing applications, managing accounts and, if necessary, insuring our risk and collecting debts. If all or part of the personal information requested is not provided, Livingstone Shire Council may not be able to process your application for a credit account.
8. In respect to outstanding Landfill Usage Fees, Council may refuse entry into the landfill until outstanding fees are paid up to date. Once the outstanding fees are paid entry will be allowed to resume utilising the facilities.
9. Listing of all registration plates of all vehicles/s using Waste Facilities is required.
10. I am aware that any default on payment beyond Livingstone Shire Council's Trading Terms may result in recovery action and cancellation of the account, further transactions will only be accepted on a cash basis.
11. It is understood should the account fall into default of Council's terms, the collection process in accordance with its policy will be undertaken to recover the account. The matter may be referred to its collection agency for further recovery action. The information provided to them will be for the purpose of debt recovery only and your personal details will not be disclosed to any other person or agency without your consent unless required or authorised by law.

By completing this application I declare that I/we will comply with the Terms and Conditions detailed in this application.

I/We the undersigned, hereby applies to Livingstone Shire Council ABN 95 399 253 048 for a credit account if this application is approved. I/We agree, that the information provided herein is true and correct.

IF A PARTNERSHIP	IF A COMPANY / CLUB
Partner Name _____	Director Name _____
Signature of Applicant _____	Signature of Applicant _____
Partner Name _____	Director Name _____
Signature of Applicant _____	Signature of Applicant _____
Partner Name _____	Director Name _____
Signature of Applicant _____	Signature of Applicant _____
Partner Name _____	Director Name _____
Signature of Applicant _____	Signature of Applicant _____
Partner Name _____	Director Name _____
Signature of Applicant _____	Signature of Applicant _____

IF A SOLE TRADER
Sole Trader Name _____
Signature of Applicant _____

LODGING CONTACT: DAVID MCDOWELL (ACCOUNTS RECEIVABLE)	
IN PERSON:	You can lodge your form at Council's Customer Service Centre
Yeppoon:	Yeppoon Town Hall - 25 Normanby Street
Emu Park:	Library - 7-9 Hill Street
EMAIL:	Email the completed form to enquiries@livingstone.qld.gov.au
MAIL:	Mail the completed form to 'Livingstone Shire Council,' PO Box 2292, Yeppoon Queensland 4703
TELEPHONE:	Call 1300 790 919 or 07 4913 5000 between 8am and 5pm Monday to Friday
	Online Services: www.livingstone.qld.gov.au
	Like us on Facebook: www.facebook.com/livingstoneshirecouncil

OFFICE USE ONLY	Receiving Officer:	
	Received Date:	/ /
	References checked by:	