

Debtor Account Application for Landfill Account



Livingstone
SHIRE COUNCIL

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 95399253048
Enquiries 4913 5000 or 1300 790 919
Address PO Box 2292
 Yeppoon Qld 4703
Email enquiries@livingstone.qld.gov.au

Applicant Details		(Communication details may be used to update Council's Records)	
Registered Trading or Company Name			
ABN			

Details of Directors/Partners/Sole Traders/Trustees			
Name			
Name			
Address			
Email		Phone:	

Business Details					
Trading/Home Address				Post Code:	
Postal Address				Post Code:	
Work No		Home No		Mobile No	
Fax No		Email			
Registration of Vehicle(s) Using Landfill					

Trade References				
1. Name			Phone No	
Email				
Address			Post Code	
2. Name			Phone No	
Email				
Address			Post Code	

Please note: For Waste Cleansing accounts, the approval of this application is at the discretion of the Program Manager after a monthly usage amounts 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 of 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 overdue Landfill Usage Fees, Council may close the credit account until the overdue amount is paid. Further transactions will only be accepted on a cash/card basis.
9. Listing of all registration plates of all vehicle/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/We declare that I/We will comply with the Terms and Conditions detailed in this application.

IF A PARTNERSHIP

Partner
Signature of Applicant

Partner
Signature of Applicant

Partner
Signature of Applicant

Partner
Signature of Applicant

Partner
Signature of Applicant

IF A COMPANY/CLUB

Director
Signature of Applicant



Director
Signature of Applicant

Director
Signature of Applicant

President
Signature of Applicant

Secretary
Signature of Applicant

Lodging

EMAIL	Email the completed form attention Accounts Receivable: enquiries@livingstone.qld.gov.au
IN PERSON	You can lodge your form at Council's Customer Service Centre: Yeppoon (TOWN HALL) 25 Normanby Street Emu Park (LIBRARY) 7-9 Hill Street
MAIL	Mail the completed form to: Livingstone Shire Council PO Box 2292 YEPPOON QLD 4703
	Online Services: www.livingstone.qld.gov.au
	Like us on Facebook: www.facebook.com/livingstoneshirecouncil

Date form received	__ / __ / ____	Receiving Officer		References Checked by	
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