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8.00am - 4.00pm MON - FRI

# Account Application

## 1. BUSINESS DETAILS

Registered Name	
Trading As	
ABN/ACN Number	
Years Trading	
Trading Address	
Postal Address	
Credit Limit Requested	\$

## 2. CONTACT DETAILS

Contact Name/s			
Phone (Business hours)		Phone (After hours)	
Mobile Number		Fax Number	
Email address		<b>I would like to receive invoices and statements via email **</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*\* Note that if you select to receive invoices and statements via email, a printed copy will NOT be sent

## 3. REFEREES

Please supply the names of the three referees – businesses that can tell us about your trading history  
(Not utilities, lawyers, accountant, credit cards or banks)

Name	Contact Number

**Declaration** - I certify (as signatory to this application) that the above information is true and correct and that I am authorised to make this application on behalf of the 'Debtor'. I acknowledge and accept the Terms and Conditions as listed below:

- 1) Agrees to pay the amount on Shire invoices on or before 35 days from date of invoice.
- 2) Acknowledges that after 35 days penalty interest will accrue at the prescribed rate on all outstanding amounts.
- 3) Consents to the Shire performing a credit reference check and making other enquiries to enable the Shire to decide whether or not to grant credit.
- 4) Acknowledges that all fees incurred by the Shire in relation to debt collection will be on-charged to the debtor.
- 5) Agrees to advise the Shire of any changes to details (i.e. phone number, address, email address etc.).
- 6) Accepts that the Shire may withdraw or suspend this credit facility if the debtor does not pay an invoice by the due date.

Signature

Date / /

Print Name

**PLEASE RETURN TO THE DEBTORS OFFICER BY POST, EMAIL OR FAX PROVIDED**

OFFICE USE ONLY

EF/FIN-1204

Credit Check Required		Credit Check Attached and Completed	Yes	No
Approved / Rejected	/ /	Init	Credit Limit	
Entered into Synergy	/ /	Init	Sign:	Date: / /