

## Accounts Payable Customer Details

|  |                      |                |  |
|--|----------------------|----------------|--|
| Name   | <input type="text"/> | OR             |  |
| Company/<br>organisation                         | <input type="text"/> | ABN            | <input type="text"/>                                     |
| Description<br>of Business                       | <input type="text"/> |                |  |
| Creditor No:<br><small>(Office Use Only)</small> | <input type="text"/> | Registered GST | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Payment Advice:

|                     |   |                        |                      |
|---------------------|---|------------------------|----------------------|
| Postal<br>Address   | <input type="text"/>  | City/town              | <input type="text"/> |
|                     |   | Postcode               | <input type="text"/> |
| Phone<br>Number/s   | <input type="text"/>  | Fax                    | <input type="text"/> |
| Email               | <input type="text"/>  |                        |                      |
| Preferred<br>Option | <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email | Responsible<br>Officer | <input type="text"/> |

### Purchase Orders:

|                     |   |                        |                      |
|---------------------|---|------------------------|----------------------|
| Postal<br>Address   | <input type="text"/>  | City/town              | <input type="text"/> |
|                     |   | Postcode               | <input type="text"/> |
| Phone<br>Number/s   | <input type="text"/>  | Fax                    | <input type="text"/> |
| Email               | <input type="text"/>  |                        |                      |
| Preferred<br>Option | <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email | Responsible<br>Officer | <input type="text"/> |

### Direct Credit Authority:

|                 |                      |             |                      |
|-----------------|----------------------|-------------|----------------------|
| Account<br>Name | <input type="text"/> | Bank        | <input type="text"/> |
| BSB No.         | <input type="text"/> | Account No. | <input type="text"/> |
| Signature       | <input type="text"/> | Date        | <input type="text"/> |

**Please return to Council as soon as possible**