

## Accounts Payable Customer Details

**(OFFICE USE ONLY)**

Creditor No

**Name:**

Business   
Organisation   
Individual

ABN

Description of Business

Registered GST  Yes  No

**Payment Advice:**

Postal Address

City/town

State  Postcode

Phone Number/s

Fax

Email [please print]

Preferred Option  Mail  Fax  Email

Responsible Officer

**Purchase Orders:**

Postal Address

City/town

State  Postcode

Phone Number/s

Fax

Email [please print]

Preferred Option  Mail  Fax  Email

Responsible Officer

**Direct Credit Authority:**

Account Name

Bank

BSB No.

Account No.

Signature

Date

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