## **TOWNSVILLE CITY COUNCIL**



PO BOX 1268, TOWNSVILLE QUEENSLAND 4810

TELEPHONE 13 48 10

### **TERMS AND CONDITIONS**

enquiries@townsville.qld.gov.au townsville.qld.gov.au

Prior to issuing any credit, applicants are required to complete the attached Credit Application form and return to the Accounts Receivable department for processing. The responsibility of providing the credit references rests with the applicant, and credit terms cannot be provided until all the necessary information has been received and evaluated. The nominated credit references will be contacted and the applicant will be advised if credit terms will be granted.

We would like to take this opportunity to advise that Townsville City Council's <u>trading terms are strictly</u> <u>nett 30 days</u> from the date of the invoice and we request that the account be conducted within this limit. Failure to pay the invoices on time will result in Credit being cancelled.

The minimum credit account amount is \$50.00 per month, otherwise cash / cheque terms will apply.

All requests for Council services must be accompanied by a purchase order or a letter of approval from the customer. This will ensure that the service provided has been appropriately authorised by the customer. Purchase Orders and Letters of Approval may cover either a single occurrence, project, event, list of authorised officers who can use the account or a time frame for services e.g. one month / six months / one year.

If it is requested that a service be charged to an account other than that of the customer, a written "Letter of Authority" from that company / person (whose account is to be charged) must be presented for each service. However, this company / person must already have an approved account with Townsville City Council otherwise cash / cheque terms will apply.

A "Letter of Authority" must be on company letterhead and contain:-

- ABN number
- Address, telephone and fax numbers
- Dates authorisation is effective
- State the Council service/s the customer is permitted to use
- State that they are willing to accept the charges
- Be signed by an authorised representative of the company.

#### **Privacy Collection Notice:**

Townsville City Council collects and manages personal information in the course of performing its activities, functions and duties. We respect the privacy of the personal information held by us. The way in which council manages personal information is governed by the *Information Privacy Act* 2009 (Qld). We are collecting your personal information in accordance with *Local Government Act* 2009 so that we can assess your application and update your details in relation to your account. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your consent to such disclosure. However, in performing the above functions, we may need to disclose your personal information to the supplied creditors and credit reporting agencies. For further information about how we manage your personal information please see our <u>Information Privacy Policy</u>.

# **TOWNSVILLE CITY COUNCIL**



## **CREDIT APPLICATION**

(if different to above)					
Mailing Address:					
Town:		5	State:	_Post Code	e:
Street Address:					
Town:			State:	_Post Cod	e:
Accounts Payable Contac	t:				
Telephone:		_Mobile:		_Fax:	
Email:					
Name of Directors, Partne					
(Please Tick✓)	Sole Trader		/Partnership/Trust		Personal
			3) credit references		
Name:		•	k and email details	s must be s	supplied.
Phone Number:					
Phone Number:		Fax	x Number:		
Phone Number: Email Address:		Fa	x Number:		
Phone Number: Email Address:		Fa;	x Number:		
Phone Number: Email Address: Name:		Fax	x Number:		
Phone Number: Email Address: Name: Phone Number:		Fax	x Number:		
Phone Number: Email Address: Name: Phone Number: Email Address:		Fa; Fa;	x Number:		
Phone Number: Email Address: Name: Phone Number: Email Address: Name:		Fa; Fa;	x Number:		
Phone Number: Email Address: Name: Phone Number: Email Address: Name: Phone Number:		Fa	x Number: x Number: x Number:		
Phone Number: Email Address: Name: Phone Number: Email Address: Name: Phone Number: Email Address: Email Address:	uncil services the ac	Fax Fax Fax Fax Fax	x Number: x Number: x Number: ed for:		

Signature

Please return completed form to Email: receivable@townsville.qld.gov.au