

# Commercial Tip Account



- GST is applied to Council fees and charges.
- Normal trading terms are 30 days from the date the statement is given.
- All accounts need to be paid on or before the due date. Late payment of accounts will put the account on hold and further late payments will stop credit being given.
- A credit reference may be made before approval is given.
- You will be liable for costs of recovering monies not paid.
- Council can suspend your account at any time without giving reason.
- Council can change the terms and conditions of the account by writing you a letter.

## Applicant details:

|                                                                                                                                                                                                              |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Business trading name:                                                                                                                                                                                       |           |
| Australian Business Number (ABN):                                                                                                                                                                            |           |
| Business address:                                                                                                                                                                                            |           |
|                                                                                                                                                                                                              | Postcode: |
| Postal address:                                                                                                                                                                                              |           |
|                                                                                                                                                                                                              | Postcode: |
| Contact number:                                                                                                                                                                                              |           |
| Email address:                                                                                                                                                                                               |           |
| Accounts payable contact:                                                                                                                                                                                    |           |
| Corporate structure: (please tick the box) <input type="checkbox"/> Public company <input type="checkbox"/> Partnership<br><input type="checkbox"/> Sole trader <input type="checkbox"/> Proprietary Company |           |
| What year did the company start trading?                                                                                                                                                                     |           |
| How much credit is needed each month? \$                                                                                                                                                                     |           |
| What is the usual type of waste? (e.g. Commercial industrial, building demolition, compacter, etc.)                                                                                                          |           |
| Is the waste sorted or unsorted? <input type="checkbox"/> Sorted <input type="checkbox"/> Unsorted                                                                                                           |           |

**Trade references or major suppliers:** (you must be a credit customer of these referees and supply details)

### Collection notice:

East Gippsland Shire Council collects information provided by you in this form to consider your application for a commercial tip account. East Gippsland Shire Council will only disclose your personal contact information to a third-party where required to do so by law. Information shared in this situation will be in accordance with the requirements of the Privacy and Data Protection Act 2014. If incorrect information or details are provided Council will be unable to assist you with this request. For more information on Council's Privacy Policy, please visit Council's *Privacy Statement* on our website or email [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au) if you have any questions. AUG 26

| Company name | Contact person | Contact phone number |
|--------------|----------------|----------------------|
|              |                |                      |
|              |                |                      |
|              |                |                      |
|              |                |                      |
|              |                |                      |

**Vehicle information:** (please provide the following information for all vehicles using this account)

| Vehicle registration number | Vehicle make | Vehicle type | Vehicle total weight |
|-----------------------------|--------------|--------------|----------------------|
|                             |              |              |                      |
|                             |              |              |                      |
|                             |              |              |                      |
|                             |              |              |                      |
|                             |              |              |                      |

**Directors or authorised representative guarantees:**

I/We the authorised representatives of the applicant, as guarantor/s, request the opening of a credit account. I/We agree to pay Council the amount of money owed now and into the future. This agreement will be ongoing and will not stop in the event of applicant's liquidation.

**Individual 1:**

|                    |  |                 |                      |
|--------------------|--|-----------------|----------------------|
| First name:        |  | Surname:        |                      |
| Postal address:    |  |                 |                      |
|                    |  |                 | Postcode:            |
| Type of licence:   |  | Licence number: |                      |
| Contact number:    |  |                 |                      |
| Signature:         |  |                 | Date: ____/____/____ |
| Witness name:      |  |                 |                      |
| Witness signature: |  |                 | Date: ____/____/____ |

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### Individual 2:

|                    |                      |
|--------------------|----------------------|
| First name:        | Surname:             |
| Postal address:    |                      |
|                    | Postcode:            |
| Type of licence:   | Licence number:      |
| Contact number:    |                      |
| Signature:         | Date: ____/____/____ |
| Witness name:      |                      |
| Witness signature: | Date: ____/____/____ |

**Declaration:**

I/We request the opening of a credit account. I/we agree to pay Council the amount of money owed now and into the future. This agreement will be ongoing and will not stop in the event of the liquidation of the applicants named.

|                    |                     |
|--------------------|---------------------|
| Signature:         |                     |
| Title:             | Date:____/____/____ |
| Witness signature: |                     |
| Witness name:      | Date:____/____/____ |

|                         |           |
|-------------------------|-----------|
| <b>Office Use Only:</b> |           |
| CS Stamp:               | IM Stamp: |

## Contact Council

**Phone:** 03 5153 9500

**Email:** [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)

**Website:** [eastgippsland.vic.gov.au](http://eastgippsland.vic.gov.au)

**Mail:** PO Box 1618, Bairnsdale VIC 3875

### Customer Service Centres:

- **Bairnsdale:** 273 Main Street
- **Lakes Entrance:** 18 Mechanics Street
- **Mallacoota:** 70 Maurice Avenue
- **Omeo:** 179 Day Avenue
- **Orbost:** 1 Ruskin Street
- **Paynesville:** 55 Esplanade

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