

## MONTHLY ACCOUNT AGREEMENT FOR SINGLETON WASTE MANAGEMENT FACILITY

### 1. COMPANY / ORGANISATION BILLING DETAILS

Name/s (individual/company name in full)					
Company contact (if applicable)		ABN			
Postal Address					
Suburb		State		Postcode	
Contact Name					
Contact Number		Email Address			
Account Limit					

### 2. VEHICLE INFORMATION

I nominate the following vehicles for acceptance by Council Staff at the gate when issuing dockets for monthly accounts.

If the number of vehicles you are nominating exceeds the spaces provided below, please attach a separate sheet to this application listing all the vehicle descriptions and registration numbers

Separate sheet attached

Description of Vehicle e.g. Vehicle Type – small tipper, semi, truck and dog	Registration Number

### 3. ACCOUNTS REFERENCES

Please supply the details below of 2 companies you currently have accounts with:

Account Reference One					
Contact Name		Contact Number			
Company Name					
Address					
Suburb		State		Postcode	
Comments					

Account Reference Two					
Contact Name		Contact Number			
Company Name					
Address					
Suburb		State		Postcode	
Comments					

4. MANAGER / DIRECTOR DECLARATION			
As the manager/director of the company, and authorised under delegation to provide consent – my name and role designation is:			
Name		Position Title	
<input type="checkbox"/> I declare that all information submitted in this form is accurate to the best of my knowledge			
<b>Please be aware that it is a criminal offence to make a false declaration</b>			

**Click the below button to submit this form via email**

