

NEW CREDITOR DETAILS



LMB 7
Inglewood Qld 4387
Tel: (07) 4671 7420
Email: accounts@grc.qld.gov.au
ABN: 79 969 846 487

1. COMPANY DETAILS

Company Name: _____

Trading As: _____

ABN: _____

Street Address: _____

Postal Address: _____

2. ACCOUNTS DETAILS

Contact: _____

Telephone Number: _____

Fax Number: _____

Accounts Email: _____

Trading Terms: _____

(MUST BE COMPLETED OR WILL BE 30 DAYS BY DEFAULT)

3. ORDERING DETAILS

Contact: _____

Telephone Number: _____

Fax Number: _____

Ordering Email: _____

Ordering Address: _____

4. BANK ACCOUNT DETAILS

Bank Name: _____

BSB Number: _____

Account Number: _____

Account Name: _____

Please promptly return details to Goondiwindi Regional Council Corporate Services preferably by email: accounts@grc.qld.gov.au or fax on (07) 4671 7433.

New Creditor Form requested by: [e.g. Council Officer Name] _____

OFFICE USE ONLY CREDITOR CODE: _____