

# Waste Disposal Account Application

## Waste Management Centre



Please return this form to Kempsey Shire Council's Customer Service Centre located at 22 Tozer Street, West Kempsey, post to PO Box 3078, West Kempsey 2440, email to [ksc@kempsey.nsw.gov.au](mailto:ksc@kempsey.nsw.gov.au) or fax to (02) 6566 3205. For more information or help filling out this form, please contact Council Customer Services on (02) 6566 3200.

### Applicant Details

Registered Business Name: \_\_\_\_\_

ABN: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### Vehicle Registrations

_____	_____	_____
_____	_____	_____
_____	_____	_____

### Credit References Please supply details of 3 creditors

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Account Conditions

- Charges will be determined in accordance with the schedule of fees adopted by Council
- The account is to be paid within thirty (30) days from the date of the invoice
- Council reserves the right to terminate the account for non-payment of charges
- Users of the facility agree to abide by the instruction of Council staff overseeing the depot

I consent to Council contacting the referees supplied:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>
Approving Officer: _____ Account Number: _____ Date: _____