



# Richmond Shire Council

ABN: 47 039 843 844

PO Box 18, 65 Goldring Street, Richmond Qld 4822

Ph: 07 4719 3377 Fax: 07 4719 3372 Email: enquiries@richmond.qld.gov.au

## NAR FORM

### Collection Notice

This information being collected in this form is for the purpose of establishing the individual/organisation/agency in Council's finance system in order to make creditors payments to the individual/organisation/agency as stated on this form. Staff and Council representative who are involved in updating the finance system, and/or involved in the ordering and/or payment process, may be privy to the information collected in this form. Council may disclose the collected information to other organisations, agencies and individuals as necessary to verify the details provided on form and to facilitate the ordering and/or payment processing. The details provided in this form will not be disclosed to and other third party apart from the above-mentioned third parties without the individual/organisation/agency's consent unless Council is required to do so by law, in accordance with the *Information Privacy Act 2009 (Queensland)*.

**This form is to be completed by individuals (including authorised representatives of organisations/agencies) to enable the individual/organisation/agency to be established in the Richmond Shire Council Creditor/Debtor system in order to receive payment/invoices from Council.**

### Details of Company/Individual

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

Australian Business Number (ABN): \_\_\_\_\_

**Contact Person:** Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email/Order Email: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Residential: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Terms of Account Payments (i.e. 7 day account, 30 day account)

**Details of Payment**

**Payment method**

Electronic Funds Transfer (EFT)

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_ Bank Name: \_\_\_\_\_

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

**Creditor/Debtor Signature**

\_\_\_\_\_  
(Creditor/Debtor's Name)

\_\_\_\_\_  
(Creditor/Debtor's Signature)

Date:

\_\_\_\_\_

**Office Use Only**

\_\_\_\_\_  
Completed by: (Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Checked by: (Name)

\_\_\_\_\_  
(Signature)

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