

# APPLICATION FOR WASTE DISPOSAL SITES ACCOUNT FORM

This form will allow a commercial business a credit facility to deposit refuse at the Shire's Waste Disposal sites.

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

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

ABN: \_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

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

Email (required): \_\_\_\_\_

I authorise the Shire of Plantagenet to invoice on a monthly basis for refuse deposited at the Shire's refuse site.

I agree that all accounts will be paid in full within 30 days of issue.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Authorised Person

\_\_\_\_\_  
Date

Please complete, sign and return this form by email to [info@sop.wa.gov.au](mailto:info@sop.wa.gov.au), post to Shire of Plantagenet, PO Box 48, Mount Barker WA 6324 or deliver to Reception at the Administration Building at 22-24 Lowood Road, Mount Barker.