

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, 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.