

Creditor Application Form

Company / Individual Details	
Name	
Street Address	
Postal Address	
Phone Number	
Email Address	
Contact Person	
Payment Terms	
ABN*	
*If you do not have an ABN, a completed Statement by Supplier Form must be attached to this application	
All invoices issued for payment by the Shire of Derby/West Kimberly must quote a valid SDWK purchase order. Failure to do so may cause a delay in payment.	
Electronic Funds Transfer Details	
BSB	
Account Number	
Account Name	
Email Address for payment remittance	
**A copy of the top of your bank statement showing bank account details, which clearly shows the BSB, bank account number, company name and address must be attached to this application. Please note that additional verification checks may also be conducted	
Declaration of Applicant	
	the above information is correct in all respects, at the time of hire of Derby/West Kimberley. I/we understand that all invoice are to be sen au
Name:	Title:
Signature:	Date:
OFFICE USE ONLY	
Creditor Code:	Completed:
r application form - Version 1	June 2

Creditor application form - Version 1

Derby

 (08) 9191 0999 (OS) 30 Loch Street Sdwk@sdwk.wa.gov.au PO Box 94, Derby WA 6728

Fitzroy Crossing (08) 9191 5355

Flynn Drive Sdwk@sdwk.wa.gov.au PO Box 101, Fitzroy Crossing L

ABN: 99 934 203 062

www.sdwk.wa.gov.au