



TRIM Reference: \_\_\_\_\_

## NEW CREDITOR

Please complete the details below and return this form to the City of Greater Geraldton Accounts Payable at your earliest possible convenience.

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

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

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

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

Bank & Branch: \_\_\_\_\_

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

Account No: \_\_\_\_\_

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

Accounts Receivable Contact: \_\_\_\_\_

Accounts Receivable Phone No: \_\_\_\_\_

If you would like to receive your remittance advices and/or purchase orders via email, please complete the following section.

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

Purchase Order Email Address: \_\_\_\_\_

Authorised Officer's Name: \_\_\_\_\_

Authorised Officer's Title: \_\_\_\_\_

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

\_\_\_\_\_  
Authorised Officer's Signature

\_\_\_\_\_  
Date

**Email completed applications to [accounts@cgg.wa.gov.au](mailto:accounts@cgg.wa.gov.au)**

