



Landgate WA Account Application Form

Western Australian Land Information Authority
ABN: 86 574 793 858
 PO Box 2222, Midland WA 6936
Accounting Services
 Telephone (08) 9273 7600
 Facsimile (08) 9273 7688

Please use **BLOCK** letters

Existing LANDGATE WA Account Number (if any): _____

The credit limit applied for is \$ _____

CUSTOMER DETAILS Please provide details in this section relevant to Account/Invoice payment purposes

Company
 Partnership
 Trust
 Sole Trader
 Personal
 Other
 Government
 Local Authority

Name (Company Name, Government Department/Local Authority, Individual Name)

ACN

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Trading Name (Non Government Customers) or Division/Branch/Section (Government Customers)

ABN

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Business Address

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Postal/Billing Address (Invoices will be forwarded to this address) (if the same as above - please note as above)

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Business Activity (e.g. Solicitor, Settlement Agent, Bank, Government, etc)

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Principals or Directors (Private Customers) – (attach list if insufficient space)

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Branch Manager/Manager

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Membership of Professional Associations (e.g. Law Society, Settlements Agents Association etc.)

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Banking Details

Institution

Branch (BSB)

Account Number

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CONTACT DETAILS

	General Enquiries	Account Enquiries
Name:		
Position:		
Email:		
Telephone:		
Fax Number:		

The Applicant applies for credit facilities to Western Australia Land Information Authority (Landgate) Financial Management Information System.

The Applicant has read this completed application form and states that the particulars are complete and true. The Applicant has given this information to enable Landgate to decide whether or not to grant this application.

If approved, the Applicant agrees to pay amounts due within the payment terms identified on invoices/accounts issued by Landgate to the Applicant. The Applicant authorises Landgate to make any enquiries necessary about the Applicant's credit from any source. The Applicant acknowledges that Landgate may introduce terms and conditions for the credit facility and change terms and conditions on giving notice to the Applicant. The Applicant understands that Landgate may withdraw the credit facility if the Applicant does not pay an invoice by the due date.

Consent for Credit Check by Principals/Directors of Firm/Company

I/We acknowledge that Landgate may perform a credit check against me/us for the purpose of the Customer's application for credit facilities and consent to such credit check being obtained for that purpose.

EXECUTED by the Applicant:

Name _____ Signed _____
 Designation _____ Date _____

Office use only

Landgate Account No:					
Customer Type		Existing Account Check		Location Code	
Credit Check Required		Credit Check Completed		Issuing Box	
Approved/Rejected	/ /	Init	Credit Limit	Govt Discount	
Entered into EBIS	/ /	Init	Govt Code	Suspension Applies	