

ORDER FOR COMPOST BIN / WORM FARM

APPLICANT DETAILS

Title:	Given Name(s)	Surname / Last Name	
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	
Company name: <input type="text"/>			
Contact Address:			
Unit	/	House Number	
<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Street or PO Box: <input type="text"/>			
Suburb:	<input type="text"/>	State: <input type="text"/>	Postcode: <input type="text"/>
*Daytime Phone:	<input type="text"/>	*Fax: <input type="text"/>	*Mobile: <input type="text"/>
*Email: <input type="text"/>			

**Voluntary information only (Assists with timely processing of your application). See Privacy and Personal Information Protection Act statement.*

PAYMENT DETAILS

Method of Payment (please tick): ☐ Cash ☐ Cheque ☐ Credit Card

Complete section below if credit cardholder is not the applicant. The cardholder authorises payment for the amount specified. In the event of a refund the cardholder will be the recipient of the fund.

Cardholder's Printed Name _____ Date _____

Cardholder's Signature _____

Payment may be made by cash, cheque or credit card (MasterCard, Visa and Amex accepted).

CONTACT DETAILS

(Complete when a company or more than one person is the applicant)

*Contact person: _____ *Daytime Phone: _____

BIN DETAILS

• Gedye Compost Bin	220L	\$47.00	Receipt Code 225
• ReIn Worm Factory Worm Farm	63L	\$71.00	Receipt Code 225
• Vermihut Worm Farm	40L	\$72.00	Receipt Code 225

Fees are GST inclusive.

Delivery instructions: _____

If you are interested in attending an Eco-Gardening, Composting or Worm Farming workshop, please call Penelope at Kimbriki on 9486 3512 (bookings are essential).

PRIVACY AND PERSONAL INFORMATION ACT

Your personal information is being collected to process this application. The supply of personal contact information by you [marked with an asterisk (*)] is voluntary. If you cannot provide or do not wish to provide this information, the Council may not be able to process your application. Council is to be regarded as the agency that holds the information. You may make application for access or amendment to information held by Council. This application form and the information contained in it is accessible to the public upon enquiry, noting that information contained within a credit card authority form, where applicable, is not held by Council after the transaction is processed and the authority form is destroyed.

DECLARATION

The details provided by me are correct and I have read and understand all information provided in this application.

Applicant's Signature

Date

LODGEMENT INFORMATION**Method of Lodgement**

It is recommended that applications be submitted in person at Civic Centre, Mosman Square, Spit Junction to avoid the time lost in the event of incomplete applications and the need to return them by post. Applications that are lodged by post should be addressed to The General Manager, PO Box 211, SPIT JUNCTION NSW 2088.

For privacy and security reasons payment is prohibited by credit card via email transmission.

If you require further information on completing this form, contact the Waste Team on 9978-4037 between 8.30am and 5.00pm Mondays to Fridays.

OFFICE USE ONLY

Receipt No.: _____ Date: _____ Amount: \$ _____ Initials: _____

Credit Card Authority Form

This credit card authority form is destroyed after the transaction is processed and no information contained therein is retained by Council

Credit Card Details - Council Payment Fax No. (02) 9978 4299

This form cannot be emailed to Council

Please charge my

American Express

☐

Master Card

☐

Visa

☐

Card number

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Card holder's name

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Expiry Date

	/	
--	---	--

Amount

\$

Phone

()	daytime
-----	---------

Signature

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Please note that American Express, Master Card and VISA incur a 1% service fee.

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