



COMMERCIAL CUSTOMER WASTE AGREEMENT

BUSINESS DETAILS

Business Name

Business Address

Suburb

Postcode

ABN

CONTACT DETAILS

Name of authorising person

Position

Phone Number

Postal Address (if different from Business Address)

Email

SERVICE REQUIRED (Fees & Charges as at 2024/2025)

Service Required Please tick	DATE TO COMMENCE SERVICE	NUMBER OF BINS REQUIRED	COLLECTION FREQUENCY
<input type="checkbox"/>	120 Litre bin once a week service @ \$166.00 per quarter		N/A
<input type="checkbox"/>	240 Litre bin once a week service @ \$256.00 per quarter		
<input type="checkbox"/>	660 Litre bin once a week service @ \$535.00 per quarter		
<input type="checkbox"/>	240 Litre recycling bin fortnightly service @ \$63.00 per quarter		N/A
<input type="checkbox"/>	240 Litre recycling bin weekly service @ \$126.00 per quarter		N/A
<input type="checkbox"/>	240 Litre greenwaste bin fortnightly service @ \$63.00 per quarter		N/A

TERMS & CONDITIONS

I understand that Fees & Charges are reviewed each financial year.

I understand that Council will issue accounts quarterly in advance.

I agree to pay accounts within the required 14 day period from date of issue.

I understand that Council may change the service day.

I agree to the above Terms and Conditions.

Signature

Date