

Residential Aged Care Facility (RACF) Account Application Form

RACF contact information (Payer of Account)

Name:		Position:	
Postal address:			
Suburb:	State:	Postcode:	
Phone:	E-mail:		
Bank name:			
Bank address:			
Suburb:	State	Postcode:	

RACF financial references

Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
Suburb:	Postcode:	Suburb:	Postcode:
Phone:		Phone:	
E-mail:		E-mail:	

RACF's Address and Name & Phone No. of Emergency Contact

RACF Address:	
Name of Contact Person:	
Phone:	

Agreement

1. This form must be submitted to Activus Transport 5 days prior to commencement of services by email to info.transport@activus.org.au
2. All invoices are to be paid before the 30th of the month following the date of the invoice.
3. By submitting this application, you authorise Activus Transport to make inquiries into business/trade references that you have supplied.

Name and Signature

Name :	Signature:
_____	_____
Date:	

OFFICE USE ONLY

Operations: Date entered into ED _____	Date entered into RM _____
Finance: Date entered into Xero _____	RACF Code: RF _ _ _ _