Water filling station swipe card application



	oplicant(s) details							
Applicant one Given name(s) or company/business name				Company of ADM/ADDM				
				Surname or ABN/ARBN				
Pho	one	Date of birth		Driver's licence number		State of issue		
/ /		/ /						
Em	ail		_					
Ap	pplicant two							
Given name(s) or company/business name				Surname or ABN/ARBN				
Pho	one	Date of birth		Driver's licence number		State of issue		
		/ /						
	-1							
Em	all							
Do	stal address							
				Destroy de				
PO	Box or street address	Subi	ırt	State		Post	tcode	
\overline{C}	llection							
	ase select how you wish to receive you	r swipe card(s)						
	Pick up from a Power and Water Custon			Please post my swipe card(s) to the above	posta	l add	ress	
How many swipe cards do you require								
	, , , , , , ,							
Ag	reement							
	I/We agree that I/we will be billed monthly (end of each month)							
	I/We agree that I/we will be liable for reported to Power and Water Corpora	e liable for consumption if misplaced card(s) is/are not immediately er Corporation.						
		rstand that in accordance with the Privacy Act, details of uncollected debts more than 60 days overdue						
	nay be referred to a credit reporting agency and then become available to other credit providers.							
	We understand that once I/we no longer require the swipe card(s) I am to return card(s) to Power and Water Corporation.							
	Card(s) can be returned at a Custome	(s) can be returned at a Customer Service Centre or by post.						
	/We understand and accept that Power and Water Corporation may store your personal information in paper and electronic formats. Power and Water Corporation takes steps to ensure the security of all information provided by naintaining in a secure environment accessed only by authorised personnel. However, any data sent over the internet or stored on internet servers cannot be guaranteed to be fully secure. These activities are undertaken at your risk.							
	I/We acknowledge applications can ta	ake seven business day	s t	to be processed.				
Signature Date		Date		Signature	Date			
		/ /				/	/	

Send to us

Effective from 19 November 2019

Email SwipeCardQueries.PWC@powerwater.com.au **Postal** GPO Box 37471, Winnellie, NT 0821

Phone 1800 245 092