

Accounts Receivable Account Application Form (Organisation)

Initiating Department Contact Details

Staff Name			·			
Position						
Phone Number						
Email Address						
Name of Department						
Contract Work (Will there be ongoing/regular invoicing, if so do we have a supporting signed contract.)		Yes No No				
Credit Check required		Yes No - if Yes please contact Accounts Receivable, FSD at: receivables@otago.ac.nz				
Once departmental deta	ils are complete	d email form	n to Applicar	nt using this I	button:	
Customer/Debtor Deta						
Applicant to compl	ete:					
Organisation Name (Full legal name):						
Registered Entity Number (if applicable): Street Address 1:						
Street Address 2:						
Suburb:						
City:						Post Code:
Country:						
Postal Address: (if diff	erent from abov	e)				
Street Address 1:						
Street Address 2:						
Suburb:						
City:						Post Code:
Phone Numbers:		Mobile:				Work:
		Home:				Fax:
Email Contact:						
Accounts Payable Contact Details:	Phone:	L		F	ax:	
	Email:			<u> </u>		
Does your organisatio	n require Purcha	se Orders fo	or payment?	Yes		No 🗌
	Please email			nces to: rece		

Terms and Conditions	The Revenue Management Office in the Financial Services Division manages the collection of debt for the University of Otago. A Statement of all invoices issued in the current month is sent to the debtor at the end of the month. It is University practice that all invoices on these Statements are to be paid by the 20 th of the month following (normal commercial practice).					
	If the debt remains unpaid after 90 days, the debt will be referred to a collection agency, collection costs will be incurred by the debtor.					
Applicants Acceptance	Check this box to confirm acceptance of Terms and Conditions					

Upon completion the signed form needs to be returned to:

Press this button to email competed form

Or send to:

University of Otago Financial Services Division Revenue Management Office PO Box 56 Dunedin 9054 NEW ZEALAND

Or Fax to: 03 479 9035