



## LODGING HOUSE RENEWAL FORM

Trading Name of Lodging House:						
Address of Lodging House:						
Postal Address:						
ABN:						
Phone: (WK)			Fax:			
Mobile:			Email:			
Have there been a	e the last fir	nancial ye	ear?		☐ YES ☐ NO	
(If yes, please com	orm and re	turn with	n paymer	nt)		
PAYMENT OPTIONS:						
IN PERSON:	1 Joaquina Street, York WA 6302					
	Monday to Friday between 9.00am – 4.30pm					
BY MAIL:	Shire of York, PO Box 22, York WA 6302					
	Do not send cash through the mail. Complete the Credit Card Payment details below or forward a cheque/money order made out to the Shire of York.					
ONLINE BANKING:	See enclosed invoice for details.					
CREDIT CARD PAYMENT DETAILS						
Type of Card:	☐ Bankcard		Master	card	□ Visa	
Name as shown on card:						
Card Number:						
Card Expiry Date:						
CVC:						
Please debit my (	Credit Card wit	h the amo	unt of:	<b>\$2</b> 33 <b>.0</b> 0	)	
Cardholders Signature:				Date:		