

PO BOX 1383, WANGARA WA 6947  
Phone (08) 9406-6600  
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## SUPPLIER REQUEST FORM

This form must be completed by the supplier to ensure prompt setup within our system and to facilitate the issuing of purchase orders and smooth payment processing:

### SUPPLIERS ACCOUNT DETAILS

Our Account No: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Business/Company Name: \_\_\_\_\_

Are you:  A Corporation  Partnership  Sole trader  Trust  Government

ABN: \_\_\_\_\_ ACN: \_\_\_\_\_

Business address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of your Business \_\_\_\_\_

### CREDIT TERMS

Your credit terms:  7 days NET  30 days NET  30 days EOM  Other: \_\_\_\_\_

Do you accept credit card payments?  Yes  No Surcharge % \_\_\_\_\_

Do you offer prompt payment discount?  Yes  No Discount \_\_\_\_\_

Do we have a credit limit?  Yes  No Limit \$ \_\_\_\_\_

### SUPPLIERS BANKING DETAILS

Please provide banking details to assist us with the issuing of electronic payments. Please provide a copy of a deposit slip for your bank as security confirmation of the details you have provided us.

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

BSB: \_\_\_\_\_ Account Number: \_\_\_\_\_

Email Address for Remittance Advices: \_\_\_\_\_

*(Remittances advices can only be emailed. Faxed copies are not possible)*

**ATTACH A COPY OF YOUR BANK DEPOSIT SLIP HERE PLEASE**

**WHERE SHOULD PURCHASE ORDERS BE ISSUED TO?**

Please tell us where our purchase orders should be issued to.

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

**SUPPLIER CONTACTS**

Please complete the customer contacts section below to allow us to effectively communicate with your team. Or attach a list of key contacts for your organization.

Name	Position	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	Accounts Receivable (required)	_____	_____

**BRANCHES**

If you have multiple branches which orders may be sent to please specify these below or attach a complete list so that these can be added to your account profile.

Branch Name	Address	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INSURANCES**

Workers Compensation Insurance Policy No: \_\_\_\_\_ Insurer: \_\_\_\_\_

Public Liability Insurance Policy No: \_\_\_\_\_ Insurer: \_\_\_\_\_

Motor Vehicles Insurance Policy No: \_\_\_\_\_ Insurer: \_\_\_\_\_

**Certificates of Currency must be attached with this form.**

**SUB-CONTRACTORS ONLY**

If you are a sub-contractor you must complete this section in full and attach certificates of currency for all insurances.

What do you supply?  Labour only  Labour & Plant  Labour, Plant & Materials

State the Nature of the services you provide: \_\_\_\_\_

Do you have any employees?  Yes  No

Do you have an OH&S management system?  Yes (attach a copy)  No

Have you ever had any workers compensation claims?  Yes  No

**Labour only sub-contractors will need to supply an ATO Personal Services Determination with this form.  
(refer to [www.ato.gov.au](http://www.ato.gov.au) for further information)**

