

NEW

UPDATED -

Supplier Number:\_\_\_\_\_\_\_\_

New OR UPDATED SUPPLIER DETAILS FORM

#### *COMPLETE AND FORWARD TO* [*procurement@subiaco.wa.gov.au*](mailto:procurement@subiaco.wa.gov.au)

*THE CITY’S PAYMENT TERMS ARE STRICTLY NETT 30 DAYS*

**Supplier Name:**

**PO Box:**

**Street Address:**

**Suburb:**       **State:**       **Postcode:**

**Contact Name:**

**Contact Phone:**

**ABN:**

**Accounts Receivable**

**Email Address:**

###### Brief Description of what the company / individual will be supplying the Council:

**Payment Method: EFT**  ***OR* CHEQUE**

(Account name, Not bank name)

**Name of Account:**

**BSB No:**       -

**Account No:**

***Along with this form please provide copy of the bank account details either on supplier letterhead with a signature of an authorised person within the organisation or the top section of the bank statement. No bank account details will be collected over the phone.***

(Staff Name Only)

**Requested By:**

**(Please Print) This *MUST* be completed by *STAFF* only**

***Finance Use Only***

**Authority Payment Terms code 1 entered Y/N?**

**Registered for GST Y/N?**

**Analysis code for ATO reporting entered = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorised By:**  19/09/2022