**SUPPLIER DETAILS**

Finance

This form must be fully completed and signed by the Supplier. Ensure that all supporting documentation is securely attached to this form. Please return to creditors@northburnett.qld.gov.au

No goods or services are to be supplied to Council without a purchase order. When preparing invoices for Council, please ensure the invoice contains this purchase order. Invoices that do not have a purchase order may be returned to the supplier to have a purchase order number recorded on the invoice. Please forward all invoices to creditors@northburnett.qld.gov.au

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| **TYPE OF APPLICATION** |
|  |
| **Please only select one** |
|  |  |  |

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| **SUPPLIER DETAILS** |
|  |
| **Legal Entity Name** |  | **Trading Name** |
|       |  |       |
|  |
| **Postal Address** |  | **State** |  | **Postcode** |
|       |  |       |  |       |
|  |
| **Physical Address** |
|       |

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|  |
| **Phone** |  | **Fax Number** |
|       |  |       |
|  |
| **Email** |
|        |
| **Description of goods / services to be supplied to Council** |
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| **ACCOUNTS RECEIVABLE INFORMATION *(Complete if Applicable)*** |
|  |
| **Contact Name** |
|       |

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| **Phone** |  | **Mobile Phone** |
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| **Fax Number *(For EFT Remittance)*** |  | **Terms of Trade** |
|       |  |       | Days |

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|  |
| **Email** |  | **Website** |
|       |  |       |

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| **ORDERING *(Complete if Applicable)*** |
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| **Contact Name** |
|       |

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| **Postal Address** |  | **State** |  | **Postcode** |
|       |  |       |  |       |
|  |
| **Email** |
|       |
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| **Phone** |  | **Fax** |
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| **ACCOUNT DETAILS** |
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| **Verification of your bank account details is required.** Please attach a copy of an extract from your bank statement showing the Account Name, BSB Number and the Account Number to this form. If supporting documentation is not provided, we can only pay by cheque. Please be aware that a North Burnett Regional Council Officer may contact you to verify your account details.  |
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| **Account Name** |
|       |

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|  |
| **BSB Number** |  | **Account Number** |
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| **GST INFORMATION** |
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| It is your responsibility to advise Council of any change to your GST Registration status in the future. |
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| **GST Registered** | **ABN** |
|  |  |  |       |

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| **REQUESTING SUPPLIER** |
|  |
| **Name** |  | **Position** |
|       |  |       |
|  |
| **Signature** |  | **Date** |
|       |  |       |

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| **NORTH BURNETT REGIONAL COUNCIL CONTACT OFFICER** |
|  |
| Please provide the name of the Council employee who has initiated contact with you or has requested you to complete this form.  |
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| **Contact Officer Name** |
|       |

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| **DECLARATION** |
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| I, |       | declare that the information provided above is true  |
| and correct. |
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| **Signed** |  | **Dated** |
|       |  |       |

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| **LODGEMENT OF YOUR APPLICATION** |
| MAIL | North Burnett Regional Council, PO Box 390, Gayndah, Qld 4625 |
| EMAIL | creditors@northburnett.qld.gov.au  |
| IN PERSON | Visit our customer administration offices 8.30am – 4.30pm (closed 11.30am – 12.30pm) |