**SUPPLIER FORM**

|  |
| --- |
| **SUPPLIER INFORMATION** |
| **Supplier Name** | Click or tap here to enter text. | **ABN** | Click or tap here to enter text. |
| **GST Registered** | Choose an item. | **Type of Entity** | Choose an item. |
| **Address** | Click or tap here to enter text. |
| **COMMERCIAL DETAILS** (*provide details of the authorized contact person for commercial negotiations*) |
| **Contact Name** | Click or tap here to enter text. | **Position** | Click or tap here to enter text. |
| **E-mail Address** | Click or tap here to enter text. | **Phone No.** | Click or tap here to enter text. |
| **PURCHASE ORDER (PO) DETAILS** |
| **PO Contact Name** | Click or tap here to enter text. | **PO E-mail** | Click or tap here to enter text. |
| **PO Phone Number** | Click or tap here to enter text. | **PO Fax No.** | Click or tap here to enter text. |
| **SUPPLIER ACCOUNTS RECEIVABLE DETAILS** |
| **Postal Address** | Click or tap here to enter text. | **Phone No.** | Click or tap here to enter text. |
| **Email Address** | Click or tap here to enter text. | **Fax No.** | Click or tap here to enter text. |
| **EFT DETAILS** |
| **Account Name** | Click or tap here to enter text. | **BSB Number** | Click or tap here to enter text. |
| **Branch** | Click or tap here to enter text. | **Account Number** | Click or tap here to enter text. |
| **AUTHORISED PERSON** |
| **Name** | Click or tap here to enter text. | **Position** | Click or tap here to enter text. |
| **Signature** |  | **Date** | Click or tap here to enter text. |

|  |
| --- |
| **CONTRACTORS – ADDITIONAL INFORMATION** |
| **Maintenance** [ ]  | **Electrical** [ ]  |
| **First Aid** [ ]  | **Fire Extinguisher** [ ]  |
| **Fabrication** [ ]  | **Health** [ ]  |
| **Environmental/Waste Management** [ ]  | **Other (List)** [ ] Click or tap here to enter text. |
| In the previous 12-month period, was the organization or subcontractors subject to any action from government authorities, such as on the spot fines, improvement notices, prohibition notices, enforceable undertakings etc under HSE legislation? | Yes [ ]  No [ ]  |
| In the previous 12-month period, was the organization or subcontractors prosecuted under HSE legislation? | Yes [ ]  No [ ]  |

