

**Vendor information request**

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| * To ensure that the department pays you promptly, please submit this form prior to invoicing. * This form should be returned to the address adjacent via email. * The standard payment terms are 20 days from the date of receipt of specified goods and services and a correctly rendered tax invoice. | **Please return the signed form via email or mail to:** |
| **Email:**  [vendors@sdo.gov.au](mailto:vendors@sdo.gov.au) |
| **If you require assistance completing this form, please contact the Financial Operations Unit – 02 6240 0914** | |

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| **Department use only** (state/group administration unit to complete) | | | | | | | | |
|  | | | | | | | | |
| Contact name | |  | | | | Contact no. | |  |
| New vendor request | Amendment to current vendor | | | | | Existing vendor no. | |  |
|  | | 4400 - Departmental | | | | 4500 - Administered | | |
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|  | | | | | | | | |
| Small business | | | | | | | | |
| **Industry group** | | | | | | | | |
| Business (including sole traders) | | | | Non-business individuals (statement by supplier) | | | | |
| Federal Government | | | | Australian Disability Enterprises | | | | |
| State/local government | | | | Supply Nation Certified | | | | |
| **Vendor details** | | | | | | | | |
|  | | | | | | | | |
| Trading name | | |  | | | | | |
| Legal name | | |  | | | | | |
| Postal address | | |  | | | | | |
|  | | | | | | | | |
| State/territory | | |  | | Postcode | |  | |
| Accounts receivable email | | |  | | | | | |
| Phone number | | |  | | Fax number | |  | |
| ABN registered | | | Yes  No | | ABN number | |  | |
| GST registered | | | Yes  No | | **Statement by supplier required if no ABN provided** | | | |

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| **Method of payment** | | | | | | | | | | | | |
| Australian Government policy is that all payments should be made by electronic funds transfer (EFT) wherever possible. | | | | | | | | | | | | |
| Account name | |  | | | | | | | | | | |
| BSB number | |  |  |  |  |  |  |  | | | | |
| Account number | |  |  |  |  |  |  |  |  |  |  | |
|  | | | | | | | | | | | | |
| If you do not accept EFT payments, please provide an explanation below. | | | | | | | | | | | | |
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| **Vendor authorisation** (to be completed by the applicable financial controller or director) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Name |  | | | | Signature | |  | | | | Date | / / |

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| **Department use only** (authorisation that these details have been checked) | | | | | |
|  | | | | | |
| Name |  | Date | / / | Signature |  |

Privacy and confidentiality: The information in this document is classified as ‘commercial in confidence’ and is subject to the privacy and confidentiality laws of the Commonwealth. The information is to be used for the sole purpose of transacting business.