## NEW SUPPLIER (FCCS025)



89 Earl Street PO Box 1145 Narrogin WA 6312

(08) 9890 0900



CASHIER HOURS: 8:30am – 4:30pm MONDAY- FRIDAY

Please complete all details below and attach requested documents and return to "Finance Officer – Creditors" at; <a href="mailto:accounts.payable@narrogin.wa.gov.au">accounts.payable@narrogin.wa.gov.au</a>

## **NEW SUPPLIER DETAILS**

	-			
Trading Name:				
ABN:		Registered for GST:	Yes	No
Street Address:				
Postal Address:				
Telephone No.:		Mobile No:		
Email Address:				
Contact Person – Surname:		First Name:		
Signature	D	ate		
NEW SUPPLIER BANK I				
Name of Account:				
Name of Bank:				
BSB:		Account Number:		
EFT Reference (if applicable):		Payment Terms (i.e. 14 days):		
Remittance Email Address:				
* Please ensure you have attached verification of bank details – bank deposit slip, cheque, bank letter or letter on company's letterhead with bank details listed.				
055105 1105				
OFFICE USE				
Creditor No.:				
Date Records Updated:		Officer's Signature:		
ABN & Bank Details Verified:				
Approved by (Name):		Approved by (Signature):		