

SUPPLIER INFORMATION FORM

SUPPLIER DETAILS

Full Name of Business			
Business Description:			
ABN Number:		Registered for GST:	Yes No
	<i>(if no ABN please complete ATO Statement by Supplier Form)</i>		
Postal Address:		Postcode:	
Street Address:		Postcode:	
Telephone Number:		Mobile Number:	
Email Address Accounts:	<i>(Generic email addresses are preferred eg: Accounts@company.com.au)</i>		
Email Address Remittances:			
Email Address Purchasing:			

LOCAL SUPPLIER REFERENCE

Does the business have a branch in the Scenic Rim Region?	No	Yes - Details as above	Yes - Local Branch as below
Scenic Rim Branch Address:		Postcode:	
Telephone Number:			

BANK ACCOUNT DETAILS

Financial Institution Name:			
Name On Account:			
BSB Number:		Account Number:	

PRIVACY NOTICE

Scenic Rim Regional Council is collecting this information to enable processing and the payment of invoices . Your information will not be given to any other person or agency unless you have given us permission or we are required to by law. To the extent that you provide personal information, it is managed in accordance with the Information *Privacy Act 2009*.

SIGNATURE OF APPLICANT

I,			
(1)		Am duly authorised to complete and sign this form on behalf of the Business named above;	
(2)		Will refer to the Fact Sheet in relation to submitting invoices to Council which can be found on Council's website and here;	
(3)		Certify that the above information is correct and accept the Purchasing Terms and Conditions which have been provided with the version date of 31 August 2020 and can be located here; and	
(4)		ACCEPT THE TERMS - 30 DAYS FROM THE DATE OF THE RECEIPT OF THE INVOICE INTO ACCOUNTS SECTION ONLY OF COUNCIL by email: accounts@scenicrim.qld.gov.au	

Signature (*Please type name for online submission*)
Please note: **Unsigned forms will not be accepted**

Date

To submit your form to Council

PO Box 25, Beaudesert Qld 4285
Telephone: 07 5540 5111

82 Brisbane Street, Beaudesert Qld 4285
Email: mail@scenicrim.qld.gov.au