

VENDOR CREATION/AMENDMENT FORM

Post to Finance Section Head Office or fax to 03 9669 4254

Company Code : Please Tick One	Account Group*	Vendor Number
BoM 🗖 CLRG 🗖 ADMN 🗖	Ζ	

If Vendor Amendment - please enter Vendor Number, Vendor Name and only details to be changed. Please attach supporting documentation for all Vendor creation/amendments.

VENDOR'S DETAILS							
Title/Name							
Address-Street:							
City		State Post Code					
PO Box City		State Postcode					
SALES:							
Contacts:	Phone Number: ()						
Email:		Fax Number: ()					
ACCOUNTS:							
Contacts: Phone Number: ()							
Email:	(EFT advice) Fax Number: ()						
Taxation Status							
ABN: Registered For GST? Yes/No							
"Hobby declaration"		"With-holding Tax"					
"Private or Domestic Na		"Non-Resident"					
"Exempt from Income T	$ax'' \square "N$	"No Profit or gain Expected"					
DEFAULT PAYMENT METHOD							
Electronic Funds Transf	fer 🗖 C	heque 🗖	Cred	it Card 🛛			
***** Mandatory supporting documentation required for banking details. *****							
BANK ACCOUNT DETAILS							
Bank and	BSB Nt	BSB Number Acc					
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PURCHASING VIEW (Will Vendor be used for Purchasing?) Yes/No							
				days			
/ /				/ /			
Requested by Vendors Clerk							
Name (print):		Originator Advised:					
Phone No. Phone/email							
2001 - BoM General Vendor	Z002 – BoM Staff Vendor	Z003 – BoM F Vendor	ED Government	Z004 - BoM Overseas Vendor			

ZCRD - BoM Credit Card Accounts ZONE - One Time Vendor

Z005 - BoM Co-Op Vendors