



REQUEST FOR VENDOR DETAILS

1. General Business Information

Legal Name: _____

Trading Name: _____

(If different from Legal name)

ACN: _____ ABN: _____

Note: If Trading Trust, provide name and ACN/ABN of the Trustee for the Trust.

Trustee Name: _____

ACN: _____ ABN: _____

Postal Address:

Street / PO Box _____

Suburb _____ State _____ Post Code _____

City _____ Country _____

Street Address:

Street _____

Suburb _____ State _____ Post Code _____

City _____ Country _____

Email Address: _____

(please provide a general email address)

2. Contact (Sales)

Name _____

Phone _____ Mobile _____

Fax _____ Email _____

3. Business Contact Hours 9 - 5 24 / 7 Other, specify: _____

4. After Hours Contact

Name _____

Phone _____ Mobile _____

5. Good/Services Supplied:

Please detail _____



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6. **Quality Certified?** Yes List accreditations: (eg. ISO-9002) No

7. **Australian Owned?** Yes No (Tick Box)

8. **Parent Vendor Details** Tick box if not applicable

Legal Name: _____

ACN: _____ ABN: _____

Postal Address:

Street / PO Box _____

Suburb _____ State _____ Post Code _____

City _____ Country _____

Street Address:

Street _____

Suburb _____ State _____ Post Code _____

City _____ Country _____

9. **Payment Details**

EFT - ABL preferred payment method

Bank Name: _____

Branch: _____

Account Name: _____

BSB: _____

Account No.: _____

We notify EFT payment via email (please provide Fax no. if more appropriate)

Email Address: _____

Cheque