

Vendor Creation/Maintenance Form

IMPORTANT - ENSURE YOU READ THIS INFORMATION BEFORE COMPLETING THE FORM

It is important to complete all sections of this form truthfully and not omit any relevant information prior to submission. Incomplete information may result in the delay or rejection of payment. Once completed, return this form via email to finance@ctf.wa.gov.au. For enquiries related to this form, please contact us on 9244 0100.

VENDOR DETAILS

VENDOR NAME (TRADING/BUSINESS NAME)

LEGAL ENTITY NAME

AUSTRALIAN BUSINESS NUMBER (ABN)

REGISTERED FOR GST

YES

NO

PLEASE NOTE: Failure to supply an ABN or 'Statement By Supplier Form' may result in withholding tax of 47%.

BILLING CONTACT DETAILS

NAME

BILLING ADDRESS

PHONE/MOBILE NUMBER

EMAIL ADDRESS

PAYMENT DETAILS

ACCOUNT NAME

BANK

BRANCH

BSB

ACCOUNT
NUMBER

REMITTANCE ADVICE EMAIL ADDRESS

VENDOR DECLARATION

I (supplier of the goods/services) confirm the above details are true and correct.

NAME

SIGNATURE

POSITION

DATE

OFFICE USE ONLY

CONTACT NAME (VENDOR)

CONTACT
DATE

CORRECT INFORMATION PROVIDED

VENDOR
DETAILS

BILLING CONTACT DETAILS

PAYMENT
DETAILS

VENDOR CHECKS PERFORMED

CHECKED/ENTERED BY

SIGNATURE

VENDOR NUMBER

DATE