



# VENDOR CREATION/AMENDMENT REQUEST FORM

Please select one:

Amend  Create  Delete

All fields are mandatory fields

Registered Business Name	<input type="text"/>		
Trading Name	<input type="text"/>		
Address	<input type="text"/>		
	State: <input type="text"/>	Postcode: <input type="text"/>	
ABN	<input type="text"/>		
Business Type (eg company, sole trader, partnership etc)	<input type="text"/>		
GST Registered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is your business a small business? Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Name (print)	<input type="text"/>	Signature	<input type="text"/>
Phone Number	<input type="text"/>		
Email	<input type="text"/>		

## Bank Account Details

Institution Name:	<input type="text"/>
Branch:	<input type="text"/>
Title of Account:	<input type="text"/>
BSB Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
EFT Remittance Email:	<input type="text"/>

Note: The form MUST be returned via your official business URL and business letterhead as proof of identification. Forms from personal emails will not be accepted.

Council has contracted Eftsure Pty Ltd to provide vendor verification service. Eftsure will contact you to verify the information provided to us.

## OFFICIAL USE ONLY

Requested By (Print)	<input type="text"/>		
Position Title	<input type="text"/>		
Signature	<input type="text"/>		
Vendor Number	<input type="text"/>	CM Reference Number	<input type="text"/>