

Vendor Registration Form – Electronic Payments



Department of Women, Aboriginal and
Torres Strait Islander Partnerships and
Multiculturalism

Vendor Registration Form – Electronic Payments

<p><i>Return completed form to:</i> Email address of provider of form OR Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism GPO Box 806, Brisbane QLD 4001</p>	<p>The Privacy Statement The collection of personal information on this form and any attachments is authorised under the <i>Financial Accountability Act 2009</i> for the purpose of administering vendor account setups and maintenance. Your personal information will not be disclosed to other parties without your consent unless required or authorised by or under law.</p>
--	--

To be completed by the applicant			
Applicant's Name: (Business Name if applicable)	ABC Support Network		
ABN: (if applicable)	12 345 678 910		
Address: <small>(Please ensure this is the address that will appear on the invoice(s))</small>	1 Smith Street, Brisbane	Postcode:	4000
Telephone:	07 3200 0000	E-mail:	abcsupport@network.com.au
Remittance advices will be emailed to the above address.			
I hereby agree that all payments are to be made by way of Electronic Funds Transfer (EFT) to the following account:			
BANK ACCOUNT DETAILS			
Name of Financial Institution:	Bank of Australia		
Account Name:	ABC Support Network		
BSB No. (6 Digits) <small>(Please ensure this BSB No. appears on the invoice)</small>	123 456	Account Number: <small>(Please ensure this Account No. appears on the invoice)</small>	9876 54321
If a Small Business			
<input type="checkbox"/> Yes <input type="checkbox"/> No Supplier is a small business (employs less than 20 employees) and is registered with the On Time Payment Small Business Register – payment terms are 20 days			

Payee	Note: Where this form is being submitted on behalf of an organisation, please ensure this is signed and certified as correct by <u>two</u> members of the organisation. Digital signatures (Adobe) are accepted.	
Signature:	Wet Signature only- Typed name or initials <u>wont</u> be accepted	
Print Name:		
Position:	President	Date: 01/01/2025

Signature:	Wet signature only- typed name or initials <u>wont</u> be accepted	
Print Name:		
Position:	Treasurer	Date: 01/01/2025

For Office Use Only	I have confirmed the bank account details via telephone contact to a number from the company website, online phonebooks, a quote, or a contract or other confirmed source. This form will be attached to the Vendor eForm as supporting documentation.	
Name:	Vendor No:	
Signature:	Date:	