VENDOR CREATION/AMENDMENT FORM

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

**Company Code:** Please Tick One

- BoM ☐
- CLRG ☐
- ADMN ☐

**Account Group***
Z

**Vendor Number**

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

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**VENDOR’S DETAILS**

<table>
<thead>
<tr>
<th>Title/Name</th>
<th>Address-Street</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Street:</td>
</tr>
<tr>
<td>State</td>
<td>Post Code:</td>
</tr>
<tr>
<td>PO Box</td>
<td>City:</td>
</tr>
<tr>
<td>State</td>
<td>Postcode:</td>
</tr>
</tbody>
</table>

**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 Nature"
- "Non-Resident"
- "Exempt from Income Tax"
- "No Profit or gain Expected"

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**DEFAULT PAYMENT METHOD**

- Electronic Funds Transfer ☐
- Cheque ☐
- Credit Card ☐

***** Mandatory supporting documentation required for banking details. *****

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**BANK ACCOUNT DETAILS**

<table>
<thead>
<tr>
<th>Bank and Branch</th>
<th>BSB Number</th>
<th>Account Number</th>
</tr>
</thead>
</table>

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**PURCHASING VIEW**

(Will Vendor be used for Purchasing?) Yes/No

Currency:

Trading Terms:

days

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Requested by

Name (print):

Phone No.

Vendors Clerk

Originator Advised:

Phone/email

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Z001 - BoM General Vendor
Z002 - BoM Staff Vendor
Z003 - BoM FED Government Vendor
Z004 - BoM Overseas Vendor
Z005 - BoM Co-Op Vendors
ZCRD - BoM Credit Card Accounts
ZONE - One Time Vendor

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Updated 15 September 2003