



New Supplier Application/ Amendment Form

Office Use Only

Name & Address code:

Creditor code:

Entered by:

Date:

Part A – Business Details (Supplier to complete)

ABN (11 Digits):

Supplier/Company Name:

Trading Name (if applicable):

Postal Address:

Suburb:

State:

Postcode:

Contact Name:

Position:

Phone:

Remittance Email:

Trading Terms: 7 Days 14 Days 30 Days Other (please state):

Bank Account Name:

BSB:

Account No.:

If no ABN is provided a **Statement by Supplier** must accompany this application.

Part B – Business Declaration (Supplier to complete)

Authorised Officer:

Position:

Signature:

Date:

Part C – Shire of Ashburton Requesting Officer & Department Approval

Requesting Officer Name:

Position:

I have reviewed the application and advise that the information provided is accurate and complete.

Manager Name:

Position:

Signature:

Date:

Note** Purchase Order Terms and Conditions:

<https://www.ashburton.wa.gov.au/council/governance/purchaseorders.aspx>

Please email all invoices and Monthly Statements to accounts.payable@ashburton.wa.gov.au

Shire of Ashburton

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