(Signature)

(Signature)

(Signature)

(Company Name)

New Supplier Update Supplier GRHA Supplier Payment Method EFT CHQ

ABN Printout Attached YES NO GST Registered YES NO

Recommended by: Date: / /20

Approved by: Date: / /20

Entered by: Date: / /20

Name: Vendor Code:

Bank/Institution Name: BSB No.:

Account No.: Account Name:

Bank Address:

**Please attach a copy of bank deposit slip or bank statement header as proof of bank account as this is a standard audit requirement of BHS. Supplier set up will not be authorised without the original documentation requested.**

Remittance Email:

Phone (Accounts): Fax (Accounts):

**This supplier details form has been signed on behalf of**

Name: Position:

Signed: Date: / /20

**Please email signed copy and requested documentation to** **swepfinance@bhs.org.au** **or phone (03) 5320 4065 if you have any queries. Please note that hard copies will not be accepted.**

Phone (Purchase Orders): Fax (Purchase Orders):

Email (Purchase Orders):

**BHS Internal Use Only (Finance Approval)**

**Section 1 – Supplier Contact Details**

ABN: Company Name:

Trading Name:

Postal Address:

Phone (Purchase Orders): Fax (Purchase Orders):

Email (Purchase Orders):

**Ballarat Health Services – Finance Department**

**Supplier Details Form (to be completed and signed by supplier)**

**Section 2 – Payment & Remittance Details**

**BHS operates in accordance with standard commercial trading terms being 30 days from end of month.**

**This form must be completed for all suppliers prior to the supply of goods or services.**