

## Ballarat Health Services – SWEP Supplier Details Form (to be completed and signed by supplier)

**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.**

### Section 1 – Supplier Contact Details

ABN: \_\_\_\_\_ Company Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (Purchase Orders): \_\_\_\_\_ Fax (Purchase Orders): \_\_\_\_\_

Email (Purchase Orders): \_\_\_\_\_

### Section 2 – Payment & Remittance Details

Bank/Institution Name: \_\_\_\_\_ BSB No.: \_\_\_\_\_

Account No.: \_\_\_\_\_ Account Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

**Please attach a copy of bank deposit slip or bank statement 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 \_\_\_\_\_  
(Company Name)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

**Please post the original signed copy and requested documentation directly to BHS Finance Department  
PO Box 577, Ballarat VIC 3353 or phone (03) 5320 4065 if you have any queries.**

### BHS Internal Use Only (Finance Approval)

New Supplier  Update Supplier  GRHA Supplier  Payment Method EFT  CHQ

ABN Printout Attached YES  NO  GST Registered YES  NO

Recommended by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_  
(Signature)

Approved by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_  
(Signature)

Entered by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_  
(Signature)

Name: \_\_\_\_\_ Vendor Code: \_\_\_\_\_

