

# Vendor Details Form- SWEP

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

BHS operates in accordance with standard commercial 30 day from End of Month trading terms.

## Section 1 - Vendor Details (This application form should be sent to the vendor for completion)

Company Name: _____	Trading Name: _____
ABN Number: _____ (11 digits required)	Registered for GST: <input type="checkbox"/> YES or <input type="checkbox"/> NO
Contact Person: _____	
Position: _____	
Address: _____	
Town/City: _____	
State: _____	Post Code: _____
Phone: _(0 ) _____	Fax: _(0 ) _____
E-Mail: _____	

## Section 2 – Bank Details for EFT Payment\* (To be completed and signed by an authorised officer of the vendor.)

(\* Ballarat Health Services preferred payment method. If you elect to use this method of payment please complete the banking details below.)

Please attach a copy of a BANK DEPOSIT SLIP or STATEMENT HEADER verifying account details

BSB No: _____	Authorised By (Print Name): _____
Account No: _____	Position: _____
Account Name: _____	Signature: _____
Bank Name: _____	Date: ____/____/____
Bank Address: _____	

Remittance Advice – preferred delivery method (Please Tick):      Email address:       Mail address:       Fax Number:

## Section 3 – Vendor Check list (Please ensure you have reviewed the following checklist before this form is returned)

For requested EFT Payments – A Deposit Slip or Statement Header attached:       Form is signed by an Authorised Officer:

Your Company or Trading name matches details on the ABN website (you can check this via the following website [www.abr.business.gov.au](http://www.abr.business.gov.au)):

**PLEASE FAX OR E\_MAIL THIS FORM TO SWEP ON COMPLETION**

Fax Number: 03 5333 8111

E-mail: [swep\\_finance@bhs.org.au](mailto:swep_finance@bhs.org.au)

## Internal Use only (Financial Approval)

Vendor Code	Payment Method		ATO Check		Please indicate the reason for this application	1. NEW APPLICATION 2. UPDATE APPLICATION 3. IT JVA VENDOR
	EFT	CHQ	YES	NO		
Authorised by:	Actioned By:					
Signature: _____	Date: _____		Signature: _____		Date: _____	