

New Creditor Details Form

(Collection of the information in Section 1 is required by the Australian Taxation Office)

OFFICE USE ONLY	
REQUESTED BY	
SUPPLIER NO :	
DATE:	
AUTHORISED:	

1. COMPANY / BUSINESS DETAILS

Name / Company / Business: _____

Address: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____

ABN: _____ GST Registered: Yes No

Payment Terms: 14 Days End of Month

2. DIRECT CREDIT AUTHORITY

Should your Company / Business prefer Council to directly credit an account, please complete the section below.

Bank BSB Number: _____

Bank Name: _____ Suburb: _____

Bank Account Number: _____

Name of Account Holder: _____

3. CREDITORS AUTHORISATION (Supplier to Authorise)

Authorisation of Supplier (Signature): _____ Date: _____

Name: _____ Position: _____

Please send completed forms to:

Accounts Payable

Gympie Regional Council

PO Box 155

GYMPIE QLD 4570

Ph: (07) 5481 0616

Fax: (07) 5481 0801

Email: Creditors@gympie.qld.gov.au

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