

New Creditor Application Form

Registered Business Name: _____

Registered Business Address: _____

Fax No/Email Address for Remittance Advice: _____

Are you registered for GST? YES / NO

ABN: _____

Contact Name & Position: _____

Contact Phone Number: _____

Banking Institution: _____

BSB: _____

Account Number: _____

Name & Position of Person Requesting Application: _____

Applicant Signature & Date: _____

Office Use Only

Vendor Code: _____

Default Posting Code: _____

Payment Terms: _____

Other Details / Comments: _____

Authorised by & Date: _____