



CITY OF VINCENT

NEW CREDITOR FORM

Supplier name:		Tel no:	
ABN: <i>All invoices are required to reference a purchase order number in order to be paid.</i>			
GST registered?	<input type="radio"/> Yes	<input type="radio"/> No	
Are you an Aboriginal and/or Torres Strait Islander business?	<input type="radio"/> Yes	<input type="radio"/> No	
Are you a disability business?	<input type="radio"/> Yes	<input type="radio"/> No	
Address:			
Suburb:	State:	Postcode:	
Postal address: (if different from above)			
Suburb:	State:	Postcode:	
Email: (for remittance advice purposes)			
Type of service:	<input type="radio"/> Goods	<input type="radio"/> Services	<input type="radio"/> Goods and services
	<input type="radio"/> Grant	<input type="radio"/> Reimbursement/refund	

Bank Account Details

Please be advised, if you have entered an ABN above, the City will verify your bank details using the City's partner [EFTsure](#). You may receive an email or phone call from EFTSure to confirm details.

Account name:			
BSB no:	Account no:		
I confirm that the above details are true and correct. <input type="radio"/>			
Name:	Position title:		
Authorised signature:			
Contact no:			

City of Vincent (Office use only)

Finance officer:	Creditor no:	
Date:		