

This form is required to be completed by the supplier before they can be created in Council's system.

Return completed form to:

accounts@edwardriver.nsw.gov.au

or Attention: Accounts Payable PO Box 270 Deniliquin NSW 2710

Supplier Details

Business Name: _____

ABN: _____

Physical Address: _____

Suburb: _____

State: _____ Postcode: _____

Postal Address (If Different): _____

Suburb: _____

State: _____ Postcode: _____

Phone Number: _____

Email Address: _____

Contact Person: _____

Bank Account Details

Account Name: _____

Bank and Branch: _____

BSB: _____

Account Number: _____

Payment Term: _____ Days

Authority to Provide Details *(Details of Person Authorised to provide the above information)*

Position of Signatory: _____

Full Name (Print): _____

Signature: _____

Date: _____

Council Department requesting Supplier details:

Council Officers Name: _____