## **NEW CREDITOR REQUEST**



## If ABN is not applicable – a completed 'Statement by Supplier' form is required

Business Par	ticulars:										
	of Company nip / Sole Tra	-									
Busines	s Name:										
Invoice issu	ied in the na	me of:									
ABN:				Na		of Busines dustry:	s /				
Street A	ddress:						•				
Postal A	ddress:										
-	Registered						L	0	r Supply	Nation	
Please tick t	the relevant	box abo	ve and pr	ovide y	our N	/lembersh	ip No				
Accounts Co	ntact Detail	s:									
Contact Name:					Accounts Phone:				counts Fax:		
Accounts	s Email:										
Payment Info	ormation:										
BSB No:			,		Ad	account Number:					
Bank & Branch:						Account Name:					
Payment Terms*:								*If no	*If not advised – Default Terms are 30 days EOM		
out Council's fu the information Act or in accord Council's office available on our	n requested in the inctions. If you done provided by you dance with the Ir. You may obtain revensite or fror	o not proving on this formation access to the "Info	ide the inform orm to a third Act or our Po your persona rmation Office	mation Co d party, as rivacy Poli al informa cer" (08) 8	ouncil m require icy which ation he 8930030	nay not be ab ed or authori th is available ld by Council 00.	e to proces sed by the ( on our we by submitt	s your pers City of Darw bsite www. ing a reque	istrative systonal details. vin By-Laws of darwin.nt.go st for inform	tems to be able to car Council may disclose of the Local Governme ov.au or on request fro nation form that is	
Name:						Position					
Signature:						Email:					
Jigitature.						Date			Dhono		

## **NEW CREDITOR REQUEST**



OFFICE USE ONLY							
Requesting Officer Name:	Resp No:	Authority Administrator					
Officer Signature:	Date:	NAR Number:					
Authorising Exec Man Name:	Resp No:	Manager Signature:					
Authorising Signature:	Date:	NAR Created Date:					
	Completed Form to be sent to	Records for processing					