

VENDOR REQUEST FORM

This form must be completed by the vendor to ensure prompt set up within our system and to facilitate the issuing of purchase order and payment processing. Please select which of our companies you will be trading with.

**Current Vendors must complete this form should Company details/information change with relevant supporting documents attached for our records.*

ARE YOU A:	<input type="checkbox"/> New Vendor	<input type="checkbox"/> Current Vendor	
COMPANY TRADING WITH:	<input type="checkbox"/> Instant Transportable Offices	<input type="checkbox"/> Instant Toilets and Showers (WA)	<input type="checkbox"/> Instant Sea Containers
	<input type="checkbox"/> Instant Toilets and Showers (NSW)	<input type="checkbox"/> Instant Toilets and Showers (VIC)	

VENDOR INFORMATION

Company Name			
Postal Address	No. & Street		State
	Suburb		Postcode
Delivery Address	No. & Street		State
	Suburb		Postcode
Company Email		Website	
Company Phone		Company Fax	
Nature of Business			

VENDOR CONTACTS

PURCHASE ORDER CONTACTS	Default email must be the email address where PO will be sent to.		
Purchase Order email to:			
PO Contact:	Name		
Role		Email	
Work Phone		Mobile	
Accounts Contact:	Name		
Role	Accounts Payable	Email	
Work Phone		Mobile	
Accounts Payable	Name	Email	
Additional Contacts: Name			
Role		Email	
Work Phone		Mobile	

VENDOR ACCOUNTS

Bank Account Name			
Bank		Email for remittance advice	
Account Number		BSB	
ABN		ACN	

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VENDOR PAYMENT TERMS				
Your Credit Terms	<input type="checkbox"/> 7 days NET	<input type="checkbox"/> 30 days NET	<input type="checkbox"/> 30 days EOM	
Do you accept credit card payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Surcharge %:	
Do you offer prompt payment discount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Discount	
Do you have a credit limit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Limit	

For Subcontractors, the following must be completed and certificates/ insurances be provided.

SUBCONTRACTOR - Please complete this section in full				
What do you supply?	<input type="checkbox"/> Labour only	<input type="checkbox"/> Labour and Plant	<input type="checkbox"/> Labour, Plant and Materials	
What services do you provide?	_____			
Do you have any employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you have a HSEQ Management System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>*Please attach certificates</i>	
Have you ever had any workers compensation claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Safe Work Methods (SWMS/ JSA/ JSEA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>*Please attach copy/ies for relevant tasks</i>	

INSURANCES (Please attach copies of insurance when returning this form)					
Workers Compensation Insurer	_____	Policy Number	_____	Expiry	_____
Public Liability Insurer	_____	Policy Number	_____	Expiry	_____
Motor Vehicle Insurer	_____	Policy Number	_____	Expiry	_____

OFFICE USE ONLY: Accounts Team					
	ITO	ITS (WA)	ITS (NSW)	ITS (VIC)	ISC
Syrinx		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tall Emu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MYOB Exo	<input type="checkbox"/>				
ACCOUNT NUMBER Assigned					

APPROVALS: Managing Director			
APPROVED	<input type="checkbox"/> YES	Signature	Date
	<input type="checkbox"/> NO		