



Supplier Creation/Maintenance Form

When blank, this form is classed as OFFICIAL, when completed, this form is classed as OFFICIAL SENSITIVE

It is important to complete all sections of this form truthfully and not omit any relevant information prior to submission. Incomplete information may result in the delay or rejection of payment. Once completed, return this form to payables@transport.wa.gov.au. For enquiries related to this form, contact 6551 6008.

SUPPLIER DETAILS

Note: Failure to supply an ABN or 'Statement by a supplier' form may result in withholding tax from payments at the prevailing rate.

SUPPLIER NAME (TRADING/BUSINESS NAME)

LEGAL ENTITY NAME

AUSTRALIAN BUSINESS NUMBER (ABN)

ABN must be complete. Enter NUMBERS only.

YES NO

REGISTERED FOR GST

BILLING CONTACT DETAILS

SURNAME

OTHER GIVEN NAME/S

BILLING ADDRESS

SUBURB

STATE

POST CODE

PHONE

EMAIL ADDRESS

PURCHASING CONTACT DETAILS

Only complete this section if different to billing contact details.

SURNAME

OTHER GIVEN NAME/S

PURCHASING ADDRESS

SUBURB

STATE

POST CODE

PHONE

EMAIL ADDRESS

PAYMENT DETAILS

ACCOUNT NAME

BANK

BRANCH

BSB NUMBER

ACCOUNT NUMBER

BSB and account number must be complete. Enter NUMBERS only.

EMAIL ADDRESS (for EFT Remittance Advice)

SUPPLIER DECLARATION

I (supplier of the goods/services) confirm that the above details are true and correct.

NAME

SIGNATURE

POSITION

DATE

OFFICE USE ONLY

CONTACT NAME (SUPPLIER)

CONTACT NUMBER

CONTACT DATE

INFORMATION CHECKED

	SUPPLIER DETAILS		PURCHASING DETAILS
	BILLING CONTACT DETAILS		PAYMENT DETAILS
CATEGORY			
	COMMERCIAL SUPPLIER		
	RCTI		SELF BILL
	OTHER		

SUPPLIER CHECKS PERFORMED

CHECKED BY

VERIFIED BY