

## NEW SUPPLIER REQUEST FORM

**Section 1:** To be completed by the Council Officer initiating the purchase

Supplier Name (Legal Name as shown on ABN records)

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Brief description of the type of Goods/ Services to be supplied to Council

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I declare that I am authorised to initiate this request and I am aware that, in accordance with Council's Purchasing Protocol and Procedures, a Council Purchase Order must be issued to the supplied to confirm their engagement prior to any goods / services being supplied.

Print name

Signature

Date

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## Section 2: Supplier to complete

Supplier Address	
ABN	
Trading Name (if Differs from ABN record)	
Email for Correspondence	
Remittance Advice Email	
Accounts Contact Name	
Accounts Phone Number	
BSB	
Account Number	
Account Name	

## **Supplier's Authorised Officer to complete –**

I declare that I am authorised to provide the information in Section 2 and that all information provided is true and correct.

Print name

Signature

Date

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Once signed please send this completed form by email to [council@wollondilly.nsw.gov.au](mailto:council@wollondilly.nsw.gov.au) or post to the PO Box shown above.