

Supplier Application Form

Supplier Name:	
Supplier Trading Name:	
ABN:	GST: 0 Yes 0 No
Type of Service / Goods you Provide:	
Business Address:	Postal Address: Same as Business Address? Y/N
Contact person for Orders:	Contact person for Accounts:
Phone No. for Orders:	Phone No. for Accounts:
Email for Orders:	Email for Accounts / Remittances:

Bank Account Details:

Bank Account Name:	
Financial Institution:	
BSB Number:	Account Number:
Please note: The EFT Remittance Reference will always be QATTRO.	

Trading Terms: Qattro's Trading Terms are 30 days EOM.

IMPORTANT ADDITIONAL INFORMATION

If you supply goods, we require a Certificate of Currency for your products liability insurance. If you install your product we will require a Certificate of Currency for your public liability insurance, a copy of a current Work Cover Registration certificate and a copy of your Builders Licence.

If you provide a service, we require a Certificate of Currency for your professional indemnity insurance.

Please note that we require you to have a valid email address for orders and accounts contact

NOTE: If any of this information is missing we will be unable to commence trading with you until everything has been received by Qattro.

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OFFICE USE ONLY

Requested by:	Signed:
Reason for selection (please circle);	a) Direct knowledge of past experience
	b) Indirect knowledge of past experience e.g. information from referees
	c) Publications, specifications, product descriptions, etc.
	d) Actual work examples carried out by the prospective supplier
Operations Manager:	Signed:
Authorised by:	Signed:
Entered By:	Signed:
Entry Date:	Account Code: