**NEW SUPPLIER/SUPPLIER UPDATE FORM**

|  |
| --- |
| **Supplier Information** |
| **Supplier Name** | Click here to enter text. |
| **ABN** | Click here to enter text. |
| **Trading Terms** | Click here to enter text. |
| **Contact Details** |
| **Contact Person** | Click here to enter text. |
| **Business Address** | Click here to enter text. |
| **Postal Address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Fax** | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Banking Details** |
| **Bank Name** | Click here to enter text. |
| **BSB** | Click here to enter text. |
| **Account number** | Click here to enter text. |
| **Additional Information** |
| **Notes** | Click here to enter text. |
| **Supplier Signature** |  |
| **Date** | Click here to enter a date. |

**Please return to Barkly Regional Council Fax 08-8962 3066 or** **ap@barkly.nt.gov.au**