

# NEW / MODIFY SUPPLIER FORM

SM Injury Management Solutions

## SECTION 1: SUPPLIER SALES / SHIPPING DETAILS (EXTERNAL USE)

Supplier Legal Name:			
Supplier Trading Name:			
ABN / ACN:			
Address:			
Suburb:		State:	Postcode:
Contact Name:		Position:	
Email:		Phone:	
Occupational Health & Safety			
Contact Name:		Position:	
Email:		Phone:	
Accounts Details			
Contact Name:		Position:	
Email:		Phone :	
Email for Remittances:		Phone:	

## SECTION 2: SUPPLIER ACCOUNTS DEPARMTNET DETAILS

Contact Name:		Position:	
Email:		Phone:	
Email for Remittances:		Phone:	

## SECTION 3: ELECTRONIC PAYMENT DETAILS

Banking details are mandatory to allow payments by EFT. (Note all invoices to be sent to [accounts@injurymanagementsolutions.com.au](mailto:accounts@injurymanagementsolutions.com.au)).

Bank:		Branch:			
BSB:		Acc. No:			
Invoicing Currency:	<input type="checkbox"/> AUD\$	<input type="checkbox"/> USD\$	<input type="checkbox"/> GBP£	<input type="checkbox"/> EUR€	<input type="checkbox"/> Other _____
Supplier Name:			Date:		
Supplier Signature:					

SECTION 4: SM INJURY MANAGEMENT SOLUTIONS (INTERNAL USE)

Reason for Supplier:	

Category: (tick)

Originator's Name:			
Originator's Signature:		Date:	

Accounts Approval	<input type="checkbox"/> Accepted	Signature:	
	<input type="checkbox"/> Declined	Justification:	

Director Approval	<input type="checkbox"/> Accepted	Signature:	
	<input type="checkbox"/> Declined	Justification:	