

New Vendor Form

Trading Name:															
ABN:			Phone	:					Em	ai	l:				
Registered for GST: ☐ YES ☐ NO ☐ N/A															
If no ABN please ensure a Statement by Supplier form is completed – payments cannot be processed until this form is received.															
Form can be downloaded by <u>Clicking Here</u> or by visiting ato.gov.au															
Physical Address:															
Suburb:						State	:				Post Code	:			
Postal Address:															
Suburb:						State	:				Post Code	: :			
Account Sales & Invoices will be emailed to the above email address if you require documents emailed to multiple email															
addresses, please provide below															
	Email 2 # Email 3#														
	k Informatio														
	multiple proper	ties, please ii	nclude all												
PIC						Name									
PIC		Property Name													
PIC		Property Name													
Bank Acc	count Details	;													
Please non	Please nominate Bank account details for proceeds to be electronically deposited to:														
Bank				BSB N	No.			-			A/C No.				
Account Name:															
Our office will call you before making your first payment to confirm you bank details															
Completed by															
Name:															
Date:															
Signature:															
	o.g., aca. c.														
Returning your form															
Email livestock@centreag.com.au															
Mail PO Box 2340, Alice Springs NT 0871 In Person I U4 34 Stuart Highway, Alice Springs NT 0870															
In Person	n I U4 34 Stua	rt Highway	. Alice S	nrings	: NT (0870									

Complete Online | Click Here