

# Creditor Creation and Maintenance - Form

## CREDITOR INFORMATION REQUEST FORM – *Supplier to Complete*

### LEGAL ENTITY DETAILS

Legal Entity Name				
Trading Name (if applicable)				
ABN Number		Registered for GST?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Address			City	
			State	
			Postcode	
PO Box (if applicable)			PO Box Postcode	

### CONTACT DETAILS

Name		Position	
Phone		Email	

### PAYMENT DETAILS

#### STANDARD PAYMENT METHOD IS EFT

Substantiation is required on Invoice or Company Letterhead to substantiate the bank details provided below:

Bank Name		Branch	
Payee (Bank Account) Name		Bank Code (BSB)	
Email to send remittance advice		Bank Account No.	

**ACH GROUP DEFAULT PAYMENT TERMS ARE 30 DAYS FROM INVOICE DATE**

### CREDITOR INFORMATION

What Service or Product will be provided to ACH Group? Number of employees? COVID-19 and flu vaccination? Please provide details below:
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### CREDITOR AUTHORISATION (please sign here)

Name	
Position	
Signature	

Contact Number	
Date	