

NEW VENDOR FORM



BUSINESS NAME	
TRADING NAME (IF APPLICABLE)	
DATE ESTABLISHED	
REGISTRATION (ABN)	REGISTRATION (ACN)
TRADING ADDRESS	
POSTAL ADDRESS (IF APPLICABLE)	

ARE YOU REGISTERED FOR GST? YES NO

CONTACT DETAILS

CONTACT PERSON NAME	ACCOUNTS CONTACT NAME
CONTACT PERSON EMAIL	ACCOUNTS CONTACT EMAIL
CONTACT PERSON PHONE	ACCOUNTS CONTACT PHONE

BUSINESS TYPE

SOLE TRADER PARTNERSHIP LIMITED LIABILITY PUBLIC ORGANISATION

OTHER (PLEASE SPECIFY)

BANK DETAILS

BANK NAME	
ACCOUNT NAME	
BSB	ACCOUNT #

The vendor is responsible to update Melbourne Sports Centres if its bank details have changed. Please provide notification on company letterhead via email to AccountsPayable@ssct.com.au

INSURANCE DETAILS

INSURER	POLICY #
POLICY TYPE	COVERAGE AMOUNT

SIGN-OFF

PREPARED BY	REVIEWED BY
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