

# SUPPLIER INFORMATION FORM

To ensure that your information is protected and correctly supplied to our office, you will be required to complete the below information and submit this form to [accounts2@tcmstrata.com](mailto:accounts2@tcmstrata.com) for processing.

*Note: Missing information and/or documentation may cause delay in payment of invoices.*

Supplier Information			
Business Name:			
Contact Name:			
Phone Number:			
Email Address (work order):			
Email Address (Accounts, if different to above):			
Address:			
ABN:		GST Registered:	YES / NO

Licence Information	
Licence Number:	
Licence Type:	
State for Services:	(QLD and/or NSW)

Payment Information	
Bank Transfer: YES / NO	BPAY: YES / NO
BSB:	
Account Number:	
Account Name:	
BPAY Biller Code:	

**Please provide a copy of your Insurance Certificate of Currency and Work Cover Information**

By signing this form, I confirm that all information provided is true and accurate.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Use	
Date Received:	
Details entered by:	