

NEW VENDOR REQUEST FORM

This form must be completed by the vendor to ensure prompt setup within our system and to facilitate the issuing of purchase orders and payment processing. Please select which of our companies you will be trading with.

Instant Transportable Offices Pty Ltd

Instant Products Hire (Instant Toilets & Showers Pty Ltd)

VENDOR DETAILS

TRADING NAME

BUSINESS/COMPANY NAME

A Corporation

Partnership

Sole trader

Trust

Government

ABN:

ACN:

Business Address:

Postal Address:

Telephone:

Website:

Facsimile:

Email:

Nature of your business:

VENDOR CREDIT TERMS

Your credit terms

7 days NET

30 days NET

30 days EOM

Do you accept credit card payments?

Yes

No

Surcharge %

Do you offer prompt payment discount?

Yes

No

Discount

Do we have a credit limit?

Yes

No

Limit

VENDOR BANKING INFORMATION

Bank:

Branch:

BSB:

Account:

Email Address for Remittance Advices:

Please attach a bank deposit slip with this form to verify your banking details.

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PURCHASING – Where should purchase orders be issued to?

Contact Name:

Telephone:

Facsimile:

Email:

VENDOR KEY CONTACTS

Please complete the key contacts section below to allow us to effectively communicate with your team. Or attach a list of key contacts for your organisation.

Contact Name:

Telephone:

Facsimile:

Email:

Contact Name:

Telephone:

Facsimile:

Email:

Contact Name:

Telephone:

Facsimile:

Email:

VENDOR ACCOUNTS PAYABLE CONTACT

Contact Name:

Telephone:

Facsimile:

Email:

NEW VENDOR REQUEST FORM

INSURANCES (please attach Certificates of Currency)

Workers Compensation Insurer:

Policy Number:

Expiry:

Public Liability Insurer:

Policy Number:

Expiry:

Motor Vehicles Insurer:

Policy Number:

Expiry:

SUB-CONTRACTORS

If you are a sub-contractor you must complete this section in full.

What do you supply? Labour only Labour & Plant Labour, Plant & Materials

What services do you provide?

Do you have any employees? Yes No

Do you have an OH&S management system? Yes No

Have you ever had any workers compensation claims Yes No

Labour only sub-contractors will need to supply an ATO Personal Services Determination with this form. Refer to www.ato.gov.au for further information.

OFFICE USE ONLY

Account No:

Approved by:

Risk Assessment Completed:

Initials & Date:

Sugar/Syrinx Updated:

Initials & Date:

Accounting System Updated:

Initials & Date:

Induction Completed:

Initials & Date:

Subcontractor Safety Pack:

Initials & Date:

The Subcontractor Safety Pack shall include:
 - HSE Management Plan
 - All policies relating to the company
 - Relevant JSEA's

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RISK ASSESSMENT

RISK		HIGH	LOW	COMMENTS
Insurances	Sole traders and Non-Corporate entities			
Sub-Contractors	All relevant insurances in place and current			
Sub-Contractors	Labour only Sub-Contractor			
Sub-Contractors	IPG Policies and Procedures sent			
Sub-Contractors	OH&S System present			
Sub-Contractors	Previous workers compensation claims			
Sub-Contractors	Safety Management Pack, copy provided from Sub-Contractor			

RISK ASSESSMENT COMMENTS

GENERAL COMMENTS