Vendor Account Request FS09A



INSTRUCTIONS

This form is to be used for any new suppliers (vendors) that are intended to have an account set up with the University, with payment being made within 30 days from the invoice date.

Prior to completing this form, please check the <u>Procurement Website</u> as there may already be a preferred supplier for the goods or services. You should also check whether or not there is an existing vendor on Finance One. If this is a once off payment please consider whether a University Purchasing Card could be used instead of creating a vendor.

The University's Standard method of payment is via Electronic Funds Transfer to the Supplier's bank account details.

SECTION A is to be completed by a University staff member accompanied with a quote or documentation from the Supplier that includes their nominated bank account details.

SECTION B is to be completed by the Supplier if a quote or documentation is not attached; the supplier is required to complete the form and email direct to: VendorMaintenance@unisa.edu.au

SECTION A (to be completed by a UniSA staff member):

☐ New Vendor ☐ Change Vendor Details										
VENDOR DETAILS										
Vendor Account Number (if applicable):					_					
Vendor Account Name:		•		•						
ABN:										
Vendor Postal Address:										
	Suburb:									
	State:		Postcode:							
Contact Numbers:	Phone:	Fax:								
Email:										
Goods/service provided:										
AUTHORISATION										
Requester (Signature):										
Print Name:					_	_				
Date:			Ext No:							



Vendor Account Request FS09B

SECTION B (to be completed by the new vendor):

This form is to be used for any new suppliers to the University of South Australia.

Please be aware that the University's standard terms of trade are payment within 30 days from the date of a compliant Tax Invoice and satisfactory receipt of the goods or services.

Please complete the following details and email to: VendorMaintenance@unisa.edu.au

UniSA Contact Requesting Your Details:													
COMPANY DETAILS													
ABN:													
Trading Name:													
Entity Name: (as registered with the ATO)													
Postal Address:													
	Suburb:												
	State:					Postcode:							
Contact Numbers:	Phon	Phone:					Fax:						
Email Address: (remittance advice will be sent to this address)						_							
	-												
PAYEE BANK ACCOUNT DETA	AILS												
Account Name:													
Bank/Financial Institution:													
Branch:													
BSB number (6 digits):				_									
Account Number (9 digits):													
AUTHORISATION (For and or	n beha	If of t	he Co	mpan	y)								
Signature:													
Print Name:													
Date:													

Additional Information

Any future changes to the details provided should be communicated in writing, with supporting evidence, via email to: VendorMaintenance@unisa.edu.au