CAIRNS REGIONAL COUNCIL

Tanks Arts Centre PO Box 359, Cairns QLD 4870 Phone: (07) 4032 6600 Fax: (07) 4032 2610 Email: <u>TanksCurator@cairns.qld.gov.au</u>



SUPPLIER INFORMATION & AUTHORITY FORM

GENERAL INFORM	MATION		
Are you: New Supplier		Existing Supplier	
Name:			
Mailing Address:		State: Po	estcode:
Phone:		Email	
ABN:	complete Statement o	Are you registered for GST:	Yes No
PAYMENT DETAIL	s		
Council's Payment Ter	ms are 30 days fro	m date of invoice as per Council's Standard	Terms & Conditions
Bank Account Details			
Account Name			
Bank & Branch			
BSB] -	ORIGINATED BY TANKS
Account Number			FOR ARTIST'S
Remittances			SALES
Printed	Address		
Fax	Number		
Email	Address		
Note: 2 .Cairns Regional C Cairns Regional Council, in	ouncil will take no resp cluding but not limited	gation to verify the accuracy of the bank details provid onsibility for any delay in payment or errors due to fac to delays or errors in the banking system or errors in the re to be notified immediately to Cairns Regional Coun	tors outside reasonable control of he account details supplied.
PURCHASE ORDE			
Your preference for rece	eiving Purchase Ord	rs —	
Printed	Address		
Fax	Number		
Email	Address		
SIGNATURE			
Signature:		Date	1 1

We declare that 1) the information on this form is correct 2) we have read & accept the Standard Terms and Conditions of Cairns Regional Council which are available on the Council's website www.cairns.qid.gov.au and acknowledge that the Standard Terms and Conditions form part of any contract entered into between the Supplier & Council.

Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of Supplier Information. Your personal information is handled in accordance with the Information Privacy Act 2009 and will be accessed only by persona authorised to do so. Your information will not be given to any other person or agency unless you have given us permission or the disclosure is required by law.