

Accounts Payable Supplier Form

New Supplier ☐

Existing Supplier ☐

Supplier Name _____

Address Line 1 _____

Address Line 2 _____

Remittances Email _____

Purchase Orders Email _____

Phone _____ ABN

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Please ensure the name and ABN on your invoice correctly identifies with the name and ABN registered with the ATO.
 If not registered for an ABN please provide a ["STATEMENT BY SUPPLIER"](#). Supplier will not be created without this statement.

Are you registered with ecoBiz Yes No

Please attach evidence of registration

Are you Climate Active Certified Yes No

Please attach a copy of your certification

Bank Account Details

Account Name _____

BSB

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Account Number

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Note: 1. Cairns Regional Council is under no obligation to verify the accuracy of the bank details provided.

Note: 2. Cairns Regional Council will take no responsibility for any delay in payment or errors due to factors outside reasonable control of Cairns Regional Council, including but not limited to delays or errors in the banking system or errors in the account details supplied.

Note: 3. Any future changes in bank particulars are to be notified immediately to Cairns Regional Council in writing to the above address.

Signature: _____ Date ____/____/____

We declare that 1) the information on this form is correct 2) we have read and accept the [Standard Terms and Conditions for Goods and Services](#) of Cairns Regional Council which are available on the Council's website www.cairns.qld.gov.au. Where Suppliers have executed an alternative contract, the Supplier is bound by the Terms and Conditions of that Contract.

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 persons 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.