



# VENDOR MAINTENANCE FORM

Please attach COPY of a Tax Invoice/other documentation to this form if possible to assist with the vendor name creation

**TICK APPROPRIATE BOX**

- 1. New Vendor  
*(Fill out entire form)*
- 2. Change in Vendor name  
*(Fill out entire form)*
- 3. Change in Vendor details (except name)  
*(Fill out sections requiring alteration)*
- 4. Reactivate Vendor  
*(Just provide Vendor ID)*

If 2, 3 or 4, provide Vendor ID \_\_\_\_\_

Previous Vendor Name \_\_\_\_\_

Vendor Name \_\_\_\_\_

Vendor ABN (Australian Business Number) - **If Applicable**

Vendor's payment terms  7  14  21  30 days

**CHEQUE REMIT - TO ADDRESS**

*( If Health Employee, please provide Business Address only, not Private Address )*

Street \_\_\_\_\_

City / Suburb \_\_\_\_\_

State, postcode \_\_\_\_\_

**PO ORDER ADDRESS** *(if different from cheque address)*

Street \_\_\_\_\_

City / Suburb \_\_\_\_\_

State, postcode \_\_\_\_\_

**BUSINESS ADDRESS** *(if different from cheque address)*

Street \_\_\_\_\_

City / Suburb \_\_\_\_\_

State, postcode \_\_\_\_\_

**VENDOR CONTACT DETAILS**

Vendor Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Facsimile \_\_\_\_\_

E-Mail address \_\_\_\_\_

**Is the Vendor an employee?**

*( If yes, please insert employee number )*

**Yes** Employee Number \_\_\_\_\_

**No** \_\_\_\_\_

**EFT Authorisation Form attached**

**Yes**  **No**

**REQUESTED BY**

Print name \_\_\_\_\_

Division \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORISED BY**

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Division \_\_\_\_\_

Position Title \_\_\_\_\_

Level of Delegation \_\_\_\_\_

Date \_\_\_\_\_

**FOR SHARED SERVICES SA USE ONLY**

New Vendor ID \_\_\_\_\_

To be added to purchasing  
 **Yes**  **No**

Date entered into system \_\_\_\_\_

Vendor created by \_\_\_\_\_

Signed \_\_\_\_\_