

Creditor/Supplier Application/Maintenance Form

Reason for Application ☐ New Supplier Account ☐ Update Existing Supplier Details	
Business Details	
Business Name	
Trading Name	
Address Details	
Postal Address	
Business Telephone No	
Email Address	
Contact Person & Position	
Are you registered for GST*? Y / N	ABN
*If you do not have an ABN, a Statement by Supplier Form must be attached to this application	
Electronic Funds Transfer Details**	
BSB	
Accou	unt No.
Accou	unt Name
**A copy of the top of your bank statement showing bank accou and address must be attached to this application. Please note the	nt details, which clearly shows the BSB, bank account no., business name
<u> </u>	
Authorised Signature/s	Date
Email completed applications to accounts@sop.wa.gov.au	
Office Use Only	
Manager Authorisation	
Creditor No.	Entered Date
ABN Search Completed	Details Updated on Authority
Update Authorised	