

Request to Raise a Creditor

CREDITOR NAME	
ABN	
Postal Address	
Delivery / Physical Address	
Phone	
Mobile	
Fax	
Contact Person	
Email	
BANK DETAILS MUST ALSO BE PROVIDED ON LETTERHEAD AND ATTACHED TO FORM	
Bank Name:	
Bank Account Name:	
BSB:	
Account Number:	
Contractor:	Please Tick <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested By	Name: _____ Signature: _____ Date: ____/____/____
OFFICE USE ONLY	
ABN Verified	<input type="checkbox"/>
Bank Details Verified:	Written <input type="checkbox"/>
	Verbal <input type="checkbox"/> Contact Name & No:
Entered By:	Name: _____ Signature: _____ Date: ____/____/____
Authorised By:	Name: _____ Signature: _____ Date: ____/____/____