



ALEXANDRINA COUNCIL

ABN 20 785 405 351
PO Box 21, GOOLWA SA 5214
Phone (08) 8555 7000
Email alex@alexandrina.sa.gov.au
www.alexandrina.sa.gov.au

SUPPLIER UPDATE FORM

SUPPLIER DETAILS

Business/Trading Name of Supplier

Australian Business Number (ABN)

Postal Address

ACCOUNTS CONTACT DETAILS

Contact Name

Phone Number

ORDERS CONTACT DETAILS

Email Address

Contact Name

ELECTRONIC FUNDS TRANSFER DETAILS

BSB Number

Account Number

Account Name

Bank Name

Branch Name

Email Address

AUTHORISATION

I/we hereby agree for all payments from Alexandrina Council to be made by way of Electronic Funds Transfer (EFT) to the above account. I/we understand that only invoices that quote a valid order number will be paid. I/We agree to Alexandrina Councils payment terms & conditions attached.

Name (please print)

Signature

Creditors Use Only

Creditor Code

Date entered

New Supplier Assessment completed

Officer Signature



Councils payment terms are **30 days end of month**

For full terms & conditions please visit our website
www.alexandrina.sa.gov.au

Invoices without order numbers will not be paid

Please return completed form to creditors@alexandrina.sa.gov.au