NEW SUPPLIER FORM

PART A – COMPANY DETAILS

Company Name:
Trading Name:
Company Structure: Public Company☐ Private Company ☐ Partnership ☐ Sole Trader ☐ Trust ☐ Other☐

Date Commenced:	Type of Business:
Company Contact:	Mobile:

Registered Address:
Website Address:
Telephone:

GST Registered: Yes ☐ No ☐	ABN No:

Accounts Email:
Operations Email:

Payment Terms: **45 Days EOM**	Method of payment: **EFT**

COMPANY DIRECTORS & KEY PERSONNEL		
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:
Name:	Position:	Email:

BANKING DETAILS			
Financial Institution	BSB	Account Number	Account Name

COMPANY REFERENCES		
Company Name	Contact Name	Phone
1.		
2.		
3.		

PART B - INSURANCE INFOMRATION

Insurances Certificates		
Public Liability:	Expiry Date:	Value ($):
Workers Compensation:	Expiry Date:	Value ($):
Professional Indemnity:	Expiry Date:	Value ($):
Motor Vehicle:	Expiry Date:	Value ($):
Plant & Equipment:	Expiry Date:	Value ($):

Territory Trade Services Pty Ltd ABN: 72 143 231 994
380 South Road, Richmond SA 5061
T 1300 837 748 W www.territorytrades.com.au

PART C - ACCEPTANCE CRITERIA		2 of 3

TRADE LICENSE INFORMATION

License Type	Licence No:	Copy Attached
		Yes ☐ No ☐
		Yes ☐ No ☐

QUALITY ASSURANCE

AS/ISO Accredited:	Yes ☐ No ☐	Cert No:	Expiry:
or Internal quality procedures:	Yes ☐ No ☐	Copy Attached	Yes ☐ No ☐

HEALTH, SAFETY & ENVIREMENT COMPLIANCE

AS/ISO Accredited:	Yes ☐ No ☐	Cert No:	Expiry:
or Internal HSE procedures:	Yes ☐ No ☐	Copy Attached	Yes ☐ No ☐

HR/IR COMPLIANCE

Internal IR procedures:	Yes ☐ No ☐	Provide details of staff that will work on TTS Projects, if more room is required, please attach further information	
Staff Name	**Trade Licence #**	**Police Check #**	**Years' Experience**
Has your organisation been involved in industrial relations disputes in the last 3 years?			Yes ☐ No ☐
If Yes please provide details:			
Has your organisation been involved in commercial/legal disputes or arbitration in the last 3 years?			Yes ☐ No ☐
If Yes please provide details:			
Please provide details of your company's annual safety record in Australia for the last three years including lost time injury.			

Supplier Information will be evaluated, and once approved Purchase Orders are able to be issued.

Supplier Acknowledgement

We acknowledge and agree as follows:

All payments by Territory Trade Services Pty Ltd (TTS) for goods and / or services supplied to us will be paid to the Bank Account nominated on the form. Territory Trade Services Pty Ltd is under no obligation to verify the correctness of the Bank Account details. Territory Trade Services Pty Ltd will not be responsible for any delays in payment or error due to factors outside the reasonable control of Territory Trade Services Pty Ltd (including but not limited to delays or errors in the banking system).

Territory Trade Services Pty Ltd reserves the right at any time to terminate or suspend this direct credit payment method and to pay by cheque or any other manner which Territory Trade Services Pty Ltd may determine from time to time.

If Territory Trade Services Pty Ltd makes an incorrect payment to the above, this Bank Account shall repay those monies to Territory Trade Services Pty Ltd immediately upon written notification by Territory Trade Services Pty Ltd.

All Invoices are to reference a TTS Purchase Order number and issued to ttsoffice@territorytrades.com.au, failure to do so will result in the invoice being rejected.

All information provided is true and correct.

Any changes in any of the details must be notified to Territory Trade Services Pty Ltd in writing.

Please refer to our website for full terms and conditions www.territorytrades.com.au
For all account correspondence including invoices, remittances etc, please email ttosoffice@territorytrades.com.au

Name: _____ Position: _____
Signature: _____ Date: _____
_____ _____

For Territory Trade Services Office Use Only:

Approved By:	_____	Position:	_____
Signature:	_____	Date:	_____
Comment:			
Creditor Code:	_____		