Office of Financial Services – Accounts Payable

**Commercial in Confidence** Application [ ]  or Amendment [ ]

Form 4215.7

  **\*\*Supplier to Complete this Form\*\***

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|  **\*\*Business and Bank account details for payment via Electronic Funds Transfer (EFT)\*\*** **\*\*To ensure prompt payment all invoices MUST have a supporting Purchase Order\*\*** |
| CDU Requesting Officer only | *Phone:* **\*\*NOTE: For payments under $1,000 please pay with Mastercard\*\*** |
| Business Name/Individual Name: |       |
| Business ABN (if applicable): |      -       -       -       |
| Registered for GST? |  Yes [ ]  No [ ]   |
| Business Address/Individual Address: |       |
| Description of Goods/Services to be provided:      |
| Contact Name: |       | Phone No:       |
| Email Address:**(for Remittance Advice)** |       |
| Email Address:**(for Purchase Order)** |       |
| **NB: The University’s standard terms of trade are thirty (30) days from the date of invoice or the receipt of goods or service – whichever is the latest. These terms of trade may only be varied by specific contractual arrangements or with the approval of the Chief Financial Officer. Approval must be sought in writing, by the Supplier, through the Payables Manager.** |
| Name of Bank: |       |
| Bank Account in the name of : |       |
| Branch Address: |       |
| BSB Number:(six digits) |       |
| Account Number: |       |
| Approved by (Print Name Clearly)      Authorised Signatory …………………….…………………………………......……… |

Once complete please either: email to suppliers@cdu.edu.au; or fax (08) 8946 7070; or post to Accounts Payable, Orange 12.3, Charles Darwin University, Darwin NT 0909