|  |
| --- |
| **Company Details** |
| Company Name: |  |
| Company ABN: |  |
| Postal Address: |  |
| Business Address: |  |  |  |
| Telephone: |  | Fax: |  |

|  |
| --- |
| **What Type of Goods/Services do You Supply** |
| Goods/Services Supplied: |  |

|  |
| --- |
| **International Companies are Required to Supply Business Registration Certificate/Documents****(Refer to ASIC website for more information on Foreign Companies)** |
| Australian Registered Body Number - “ARBN” |  |

|  |
| --- |
| **Contact Details** |
| Remittance Advice Email: |  |
| Purchase Order Email: |  |
| Contact Person Name: |  |
| Contact Number: |  |

|  |
| --- |
| **Bank Details:** ***Please supply banking details on company letter head or a blank company invoice*** |
| RQ Payment Terms: | 30 Days from Invoice Date | Payment Reference: | RQ  |

|  |
| --- |
| **Verification (*Please sign to verify that the above information is true and correct and you agree to*** ***Racing Queensland’s payment terms as stated unless otherwise agreed to in writing)*** |
| Name: |  |
| Signature: |  | Date: |  |

|  |
| --- |
| **Racing Queensland Requestor Name and Signature** |
| Name: |  |
| Signature: |  | Date: |  |

|  |
| --- |
| **Racing Queensland Purchasing Manager Name and Signature** |
| Name: |  |
| Signature: |  | Date: |  |

|  |
| --- |
| **Racing Queensland Finance use only** |
| BSB Check: | Yes | No | ABN Check: | Yes | No |
| If No ABN – Is Withholding Tax to be Applied: | Yes | No |
| **Approved by Finance (name):** |  | Date: |  |
| ***New Supplier Code:*** |  | Email Applicant: | Yes | No |