



UniLodge Auckland Ltd

GST: 081-668-175

**New Supplier Form**

Company name: \_\_\_\_\_

Trading name: \_\_\_\_\_

GST Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Email address for remittance: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

BSB number: \_\_\_\_\_

Account number: \_\_\_\_\_

Payment terms: **30 days**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Company will be contacted on receipt of this form to confirm banking details**

<b>OFFICE USE ONLY</b>	
APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
NAME: _____	SIGNATURE: _____
DATE: _____	

**UniLodge Auckland Ltd**

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