

## **VENDOR INFORMATION REQUEST**

Clients to ensure you are paid promptly, please submit this form prior to invoicing.

Please return this form, or if you need assistance to complete the form, please contact your Departmental Officer.

Australian Government payment terms are 30 days from the date of receipt of a correctly rendered tax invoice.

PM&C Departmental Officers

Please forward requests for Technology One and IMPACT creditors or vendors to: HELP-AccountsPayable@pmc.gov.au

For INDIGO clients, please forward the form to the Agreement Manager

PM&C Contact Person (to be completed by PM&C officer)							
Name	CONTROL CARPAGE	)(b)(ii)		Phone Nur	nber	s 22(1)(b)(ii)	
Please check to boxes below to indicate the system or party details							
	T	☐ Tech1 Administered Party ☐ IMPACT (DSS SAP) Vendor					
DATE OF THE PARTY				and,			
Vendor Contact Pe			nly)			- 475	
Contact Name	s 47	s 47F		Phone Number		s 47F	
Contact Email	S	s 47F		Fax Number		n/a	7
Existing Vendor No	no						
Vendor Details							
Trading Name	Be Applied	Ltd	W 20				
Legal Name	Legal Name Be Applied Ltd						
Accounts Receivable Email		s 47F	s 47F			15 15	
Accounts Receivable	Phone	s 47F					
Postal Address	4 Matthew P	arker Street			ABN	n/a	
City / Suburb	London	London		Registered for GST		☐ Yes ⊠ No	
State / Postcode	tcode SW1H 9NP			Statement by Supplier		is required If not registered for GST	
Industry Group (thi	s section comp	leted by the vendo	r)				
		) 🗆 Medium Bus	☐ Medium Business (21 – 200 staff)		☐ Large Business (more than		an 201 staff)
☐ Business (including sole trader)		☐ Non-Busines	☐ Non-Business Individual		☐ Australian Disability Enterprise		rprise
☐ Federal Government		☐ State / Local	☐ State / Local Government		☐ Supply Nation Certified		
Vendor Bank Deta	ils (bank detail	s must be confirme	ed in writ	ing by the vend	or - invoi	ce, email or a signa	ture below)
the state of the s		s 47G(1)(a)	GDD OWNERS TO THE TOTAL OWNER OF THE PARTY O		nt Name	s 47G(1)(a)	
BSB (six digits)		s 47G(1)(a)		Account Number		s 47G(1)(a)	
Vendor Authorisa	tion (to be com	pleted by an autho	orised ve	ndor representa	ative to co	onfirm account detai	ls)
Name:		Signature: S	Signature: see email or document			Date:	

Privacy and Confidentiality: The information in this document is classified as 'commercial in confidence' and is subject to the privacy and confidentiality laws of the Commonwealth. The information is to be used for the sole purpose of transacting business.

## TAX INVOICE

Prepared for Tara Oliver, BETA team Department of the Prime Minister and

Cabinet PO Box 6500 Canberra ACT 2600 Australia

Attention: Tara Oliver

Department of the Prime Minister and Cabinet

PO Box 6500

Canberra

ACT

2600

AUSTRALIA

Invoice Date 8 Dec 2016

Invoice Number INV-00014

Applied

Attention: Accounts
4 Matthew Parker Street

London

SW1H 9NP

UNITED KINGDOM

Description	Quantity	Unit Price	Discount	VAT	Amount GBP
One off role	2.00	200.00	50.00%	No VAT	200.00
			ludes a discoun		200.00
			TO	TAL NO VAT	0.00
				TOTAL GBP	. 200.00

Due Date: 8 Jan 2017

## **PAYMENT ADVICE**

To: Applied

Attention: Accounts

4 Matthew Parker Street

London

SW1H 9NP

UNITED KINGDOM

Customer

Prepared for Tara Oliver, BETA team Department of the Prime Minister

and Cabinet PO Box 6500 Canberra

ACT 2600 Australia

INV-00014

Invoice Number

ount Due 200.00

Amount Due Due Date

8 Jan 2017

**Amount Enclosed** 

Enter the amount you are paying above

Bank	s 47G(1)(a)
Account number	
Sort code	
IBAN	