

Company Details Form



Vendor Details

Vendor Trading Name			
Vendor Postal Address			
ABN		Phone Number	
Contact Name		Position	

Purchasing and Remittance Information

Location where purchase orders will be sent <i>(email preferred)</i>	Email	
	Fax	
Location where remittance advice will be sent <i>(email preferred)</i>	Email	
	Fax	

Account Executive Details

Account Executive Name			
Postal Address			
Phone Number		Fax Number	
Mobile Number		Email Address	

Customer/ Product Complaints

Phone Number		Fax Number	
Email Address			

I, _____ in my capacity as _____
(Name of Authorised Representative) (Job Title of Authorised Representative)

being an Authorised Representative of _____
(Vendor/ Registered Business Name)

hereby Authorise for this information to be included in the current National Vendor Trading Terms with Australia Post

(Signature of Authorised Representative) (Signature of Witness)

(Name & Job Title of Authorised Representative) (Name & Job Title of Witness)

Date: _____