|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Entity Registering: | Duratec Limited |  | Duratec Australia (ES) Pty Ltd |  |

##### please submit this form with proof of bank details (deposit slip/invoice/bank letter)

#### Company Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registered Name: |  | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | |
| Trading Name: |  | | | | | | | | | | | | | | | | |
| ABN: |  |  | |  | |  | |  | |  |  | |  | |  |  |  |
| Name of Bank (please provide bank slip): |  | | | | | | | | | | | | | | | | |
| BSB: |  | |  | |  | |  | |  | | |  | |  | | | |
| Account Number: |  | | | | | | | | | | | | | | | | |
| Company Service/Product Details (provide details of the major services/products/parts/goods etc.): |  | | | | | | | | | | | | | | | | |

Does your organisation have a minimum of 51% indigenous ownership?  Yes  No

Does your organisation provide goods and services that meet applicable Australian Standards? Yes  No

#### Industry Classification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Travel & Hospitality |  | Education & Training |  | Finance & Insurance |  |
| Cultural & Recreational Services |  | ICT Services |  | Retail & wholesale Trade |  |
| Health & Community Services |  | Printing/Stationary/Postage |  | Marketing/Advertising/Signage |  |

#### Area of Operation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| National |  | ACT |  | New South Wales |  |
| Northern Territory |  | Queensland |  | South Australia |  |
| Tasmania |  | Victoria |  | Western Australia |  |

#### Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Position | Telephone No. | Email Address |
|  | Account Contact |  |  |
|  | Sales Contact |  |  |

#### payment terms

|  |  |  |
| --- | --- | --- |
| Will your company agree to Duratec Limited’s payment terms which is 30 days from end of the month? | Yes | No |

#### Review and Approval - For office use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Supply Chain Specialist: |  | Signature: | |  |
| Date: |  | | | |
| Comments: |  | | | |
| ABN Verified Yes ☐ No ☐ | Business registered for GST: Yes ☐ No ☐ | | If yes, date of registration: \_\_ /\_\_ /\_\_ | |