



Email: [supplymanagement@mainroads.wa.gov.au](mailto:supplymanagement@mainroads.wa.gov.au)

## AP SUPPLIER CREATION / MAINTENANCE FORM

**This form must be completed in full and the information true and correct. Incomplete forms will be returned.**

Type of Supplier Maintenance: Create (New Supplier Or Site)  Update  Delete

Supplier No:

**Part 1: Requestor's Details (For Main Roads Requestor to complete). Once Part 1 completed, email to Supplier.**

Main Roads Authoriser:		Position: (BSM or Equivalent)	
Branch:		Phone No:	
Email:		Request Date:	

**Part 2: Supplier Details - supplier must complete, sign and return to [supplymanagement@mainroads.wa.gov.au](mailto:supplymanagement@mainroads.wa.gov.au)**

**Supplier's Details (Supplier's Business Name must be registered with ASIC)**

Legal Structure	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Trust <input type="checkbox"/>		
Supplier's Name:			
Legal Entity Name:			
Trustee Name (if applicable)			
ABN (xx xxx xxx xxx):		Registered for GST:	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Note: Failure to supply either an ABN, or a completed 'Statement By Supplier Form' under ATO legislation the Supplier will have withholding tax of 47% deducted from payment)			

**Pay Site - Supplier's Payment Details:**

**\*An email address must be provided for EFT payments**

Postal Address:			
Contact Name:		Phone No:	
<b>Select Payment Method</b>	<input type="checkbox"/> EFT (Complete details below) <input type="checkbox"/> Cheque		
Bank & Branch Name:		BSB No (xxx-xxx):	
Name Bank Account is in:		Account No:	
Email Address for EFT Remittance Advice to:			
(Note: For security purposes, a Main Roads representative may call you to confirm your bank account details)			

**Purchase Site - Supplier's Contact Details: (Purchase Orders will be sent via the contact details below)**

Order Placement Street Address:			
Contact Name:		Order placement method:	<input type="checkbox"/> Emailed <input type="checkbox"/> Printed
Phone No:		Email:	

**I (supplier of the goods/services) confirm that the above details are true and correct**

Signature of Authorised Person: \_\_\_\_\_

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

Authorised Person Title: \_\_\_\_\_

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