



Australian Government

Comcare

Creditor No

SUPPLIER DIRECT CREDIT INFORMATION

NOTE: Comcare's payment terms are 30 days from the date a correctly rendered invoice is received, unless otherwise contractually agreed.

Comcare use only

SUPPLIER DETAILS

Supplier name	<input type="text"/>	ABN/ACN	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	State	<input type="text"/>
	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/> (for payment remittances)		
Contact name	<input type="text"/>		
Position	<input type="text"/>		

My company is a Small to Medium Enterprise that is 50 per cent or more owned by Indigenous Australians ☐ Yes ☐ No

SUPPLIER PAYMENT DETAILS

Account name	<input type="text"/>		
Bank	<input type="text"/>		
Branch	<input type="text"/>		
BSB	<input type="text"/>	Account number	<input type="text"/>
Payment terms	<input type="text"/>		

PERSON SUPPLYING ABOVE INFORMATION

Title	<input type="text"/>	First name	<input type="text"/>	Surname	<input type="text"/>
Contact details	Phone	<input type="text"/>	Email	<input type="text"/>	
Position	<input type="text"/>				
Signature	<input type="text"/>			Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please email completed form to your Comcare Contact Officer

COMCARE USE ONLY

Creditor type	<input type="checkbox"/> Asbestos	<input type="checkbox"/> BTA	<input type="checkbox"/> Claim	<input type="checkbox"/> General	<input type="checkbox"/> Indigenous	<input type="checkbox"/> Staff	<input type="checkbox"/> Xpay
Party	<input type="text"/>						
Term days	<input type="text"/>						
Related Govt. Dept	<input type="checkbox"/> Yes	<input type="checkbox"/> No					