The Northern Territory Government requires information for the purpose of administering vendor account setups and maintenance. The Northern Territory Government will only use such information collected for the purpose of making payments.

**\* Indicates mandatory field**

**Complete either Section A or Section B then complete all remaining sections.**

| Vendor Creation / Amendment Form | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section A – ABN holder to complete | | | | | | | | | |
| Vendor ID: (if known): | |  | | | | | | | |
| \*ABN: | |  | | | Registered for GST? | | | Yes  No | |
| \*Entity name: | |  | | | | | | | |
| \*Business/Payee name: | |  | | | | | | | |
| \*Postal address: | |  | | | | | | | |
| \*Postcode: | |  | | | | | | | |
| \*Suburb/City: | |  | | | | | \*State: | |  |
| \*Telephone number: | |  | | | | | | | |
| Fax number: | |  | | | | | | | |
| Email (remittance method): | |  | | | | | | | |
| **Or** | | | | | | | | | |
| Section B – Non-ABN holder to complete | | | | | | | | | |
| Vendor ID: (if known): | |  | | | | | | | |
| Mr  Mrs  Miss  Ms  Master  Dr | | | | | | | | | |
| **\***Individual given name/s: | |  | | | | | | | |
| **\***Individual surname: | |  | | | | | | | |
| **\***Entity name: (if applicable) | |  | | | | | | | |
| **\***Postal address: | |  | | | | | | | |
| **\***Postcode: | |  | | | | | | | |
| **\***Suburb/City: | |  | | | | | **\***State: | |  |
| **\***Telephone number: | |  | | | | | | | |
| Fax number: | |  | | | | | | | |
| Email (remittance method): | |  | | | | | | | |
| Section C – Preferred remittance method | | | | | | | | | |
| Email (as provided in Section A or B)  Fax  Post | | | | | | | | | |
| Section D – Accounts Administrator / primary contact | | | | | | | | | |
| **\***Given name: | |  | | | | | | | |
| **\***Surname: | |  | | | | | | | |
| **\***Position title: | |  | | | | | | | |
| Email address: | |  | | | | | | | |
| **\***Telephone number: | |  | | | | | | | |
| Section E – Bank account details | | | | | | | | | |
| **\***BSB number:  (Branch Identifier) |  | | | **\***Account number: | |  | | | |
| **\***Name of Financial Institution: | | |  | | | | | | |
| **\***Branch location: | | |  | | | | | | |
| Section F – Declaration | | | | | | | | | |
| I declare that I am an authorised representative of the Vendor outlined at Section A or B.  I have read and can verify that all of the details outlined above are true and correct.  I authorise the Northern Territory Government to send its remittance advice via the method specified at Section C.  I authorise the Northern Territory Government, to pay amounts owing to the bank account indicated at Section E.  The Northern Territory Government will accept the signature of the authorised representative as conclusive evidence of that person’s authority to execute this agreement on behalf of the Vendor. The Northern Territory Government is under no obligation to verify the authority of the undersigned Authorised Representative.  The Vendor is responsible for the above particulars and for advising the Northern Territory Government of any changes in the abovementioned particulars within a reasonable time. Payment will be deemed to be made when the Northern Territory Government account is credited. The Northern Territory Government will not be responsible for any delays in payment or errors due to factors outside the reasonable control of the Northern Territory Government, including but not limited to delays or errors in the banking system.  The vendor agrees to repay the Northern Territory Government any payments credited to the Vendor in error. The Northern Territory Government reserves the right to offset any amount paid in error against future payments. | | | | | | | | | |
| **\*Name of authorised representative:** | | | |  | | | | | |
| **\*Signature of authorised representative:** | | | |  | | | | | |
| **\*Date:** | | | |  | | | | | |

**Phone:** 8943 6237 **Email:** accountspayable@nt.gov.au