

Supplier/Refund Registration Form

KOO WEE RUP

Date: 31 January 20

It is requested that the following new supplier/person be created in financial system for:

Department/Team (fill in before providing form): **Environmental Health**

Assessment/Account/Reference number where applicable: Licence No. **427**

Details of New Supplier/Person

ABN (if applicable):	
Company or Name: LINETRIKE PTY LTD	
Postal Address: PO BOX 6	
City/Suburb: KOO WEE RUP	
State: VIC	Postcode: 3981
Phone/Mobile: 0411849094	Contact Name: CARL WATSON
Fax:	Position: OWNER

Direct Credit Details – MANDATORY

Bank Name: BENDIGO BANK	Account Name: LINETRIKE
BSB No: 633000	Account No: 156956872
Email for Remittance: linetrikeaustralia@gmail.com	

Supplier Declaration – MANDATORY

I have read and accept the Greater Shepparton City Council and Associated Entities Terms & Conditions of Purchase (pages 2/3)

____ Carl Watson owner _____

Name and Position

Signature

Date 24/05/2019

COUNCIL STAFF USE ONLY – complete before saving into the finance tray

Which Fund is this supplier/person for? (i.e. Council, Library, Pine Lodge etc.) _____

Type of goods / services (i.e. plumbing, training, refund etc.): _____

Is there existing supplier(s) that provide the same type of goods/services? YES / NO

Percentage of supply **Service**: % Percentage supply **Goods**: % OR **Refund/Grant/Reimbursement**

Reason for request (i.e. is there a contract that this supplier needs to be added to?): _____

Name of requestor (who finance tells when the supplier has been created): _____

Complete by Team Leader or Above

Pecuniary Interest Declaration: I _____ declare that to the best of my knowledge there is no substantial interest held by a council staff member that would be considered a material conflict of interest in the supplier listed above and that no benefits or commission will be received from the supplier.