



Hockey NSW New Supplier Form

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1. (Required) Business Name

2. (Required) ABN

(if no ABN, complete the ATO Statement by Supplier form)

3. (Required) Street Address

4. (Required) Telephone Number

5. (Required) Finance Email Address

to send remittance advice

6. (Required) Contact Name

7. (Required) Contact Email

8. (Required) Payment Terms (Please tick ONE option)

Immediate

7 days

14 days

30 days

9. (Required) Bank Account Name

10. (Required) Bank BSB Number

11. (Required) Bank Account Number

12. (Required) Bank Validation Document (Tick all that apply)

Bank Deposit Slip

Bank Statement

Bank Letter

13. (Required) Please attach bank validation document