



VENDOR APPLICATION FORM

To enable us to pay your account promptly please complete the relevant sections of this form and return to Group Accounts Payable either by fax: (08) 9443 9315, by mail: Attn Group Accounts Payable Group Services, St John of God Health Care, Po Box 1845 Osborne Park DC WA 6916, or by email: Lorraine.Price@sjog.org.au

If you have any questions, please contact Lorraine Price on (08) 610 35620

THIS SECTION TO BE COMPLETED BY VENDOR

VENDOR DETAILS			
Full Vendor Name:	PSI SCREENPRINTING		
ABN Number:	62 491 423 685		
Street Address:	3 / 17 TRADERS WAY		
	CURRUMBIN QLD 4221		
Postal Address:	AS ABOVE		
Email Address:	admin@psionline.com.au		
Email Address for Receiving Orders:	AS ABOVE		
Telephone:	1300 853 474	Facsimile:	NONE
Telephone for Receiving Purchase Orders:	1300 853 474	Facsimile for Receiving purchasing Orders:	
Contact Name:	VIVE THOMPSON	Contact Facsimile:	
Contact Telephone:	1300 853 474		

THIS SECTION TO BE COMPLETED BY VENDOR

Name & Signature of Person Providing Vendor Details		VENDOR BANK DETAILS - MANDATORY (Attach copy of deposit slip)	
Approved By (signature):		Account Name:	PSI SCREENPRINTING
Please Print Name:	JOEL TAYLOR	BSB Number:	638-080
Position:	Owner	Account Number:	9978429
Date Approved:	20-7-2009	Bank:	HERITAGE BUILDING SOCIETY

THIS SECTION TO BE COMPLETED BY SJG WRAP ACCOUNTS

VENDOR ENTERED INTO ORACLE			
Entered By: <i>(please print name)</i>		Date:	