

Full Name of Supplier	
Street Address	
Mailing Address (if different)	
Phone #1 (Landline)	
Phone #2 (for Contact Person below)	
Phone #3 (Optional; e.g. Accounts)	
Fax #	
Email Address	
Contact Person (for Supplies – also include particular procedures for RCW to follow in lodging purchase orders, if appropriate)	

Credit Limit

\$

ABN

Supplier's payment terms _____

RCW QA Requirements

Contractor's Licence - Attach copy	
Builders Licence - Attach copy	
Asbestos Licence - Attach copy	
Certificate of currency for public liability insurance - <u>Only</u> for Subcontractors <u>working</u> on-site (Does not include wet truck hire) - Attach copy	
Certificate of registration from Return to Work SA	

<ul style="list-style-type: none"> - Only for Subcontractors working on-site (Does not include wet truck hire) - Attach copy 	
<p>Safety, Quality and Environmental Policies</p> <ul style="list-style-type: none"> - Please attach a copy of each 	
<p>What quality system certification (if any) does the Supplier hold?</p> <ul style="list-style-type: none"> - Attach copy 	<p><u>Quality Assurance standard(s):</u></p>
<p>References of previous similar work</p> <ul style="list-style-type: none"> - Please provide at least 2x commercial references 	<p>Name _____ Contact number _____</p> <p>Name _____ Contact number _____</p> <p>Name _____ Contact number _____</p>

RCW OFFICE USE ONLY:

<p>Licences verified by RCW Staff Yes <input type="checkbox"/></p>	<p>ABN verified by RCW Staff Yes <input type="checkbox"/></p>
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RCW Administration

Signature.....

Date / /

RCW Managing Director

Signature.....

Date / /

