

## Vendor Accreditation

Company (Legal & Trading name of vendor).....

ABN # ..... Years Established.....

Total number of employees.....

Phone #..... Web address.....

Key Products Supplied.....

Address.....

Suburb/State ..... Post Code .....

Mailing Address (if different to above) .....

Suburb/State ..... Post Code .....

**Banking Details** Account Name.....

Bank..... Branch..... BSB # ..... Account #.....

### Key Details - Directors / Principal / Snr Manager

Name..... Title.....

Home address.....

Suburb/ State..... Post code.....

Email..... Mobile # .....

Signature ..... Date .....

**IMPORTANT NOTE:** Please Include the following attachments with return of this form to Finlease

- a) Bank deposit slip or the top of a statement to confirm banking details**
- b) Product - Invoice" (\$15k or more)**
- c) Signed Privacy Statement**

### Finlease

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### Vendor Programs

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