  
**Vendor Application Form**

In order to facilitate us in reimbursing you promptly please complete all sections of this form and return to: vmf.au@zimmerbiomet.com

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| **VENDOR DETAILS** | | | | | | |
| LEGAL ENTITY NAME | |  | | | | |
| TRADING NAME | |  | | | | |
| ABN/IRD/COMPANY REG NO. /VAT NO. | |  | | | | |
| ACN NUMBER | |  | | | | |
| PLACE OF INCORPORATION | |  | | | | |
| DATE OF INCORPORATION | |  | | | | |
| NUMBER OF EMPLOYEES | |  | | | | |
| PO BOX/MAILING ADDRESS | |  | | | | |
| EMAIL ADDRESS FOR REMITTANCE ADVICE | |  | | | | |
| TELEPHONE NUMBER | |  | | | | |
| FAX NUMBER | |  | | | | |
| **BANKING DETAILS – AUSTRALIAN & NEW ZEALAND VENDORS**  **(ATTACH COPY OF DEPOSIT SLIP OR BANK STATEMENT EXCLUDING TRANSACTIONS)** | | | | | | |
| ACCOUNT NAME | |  | | | | |
| BSB NUMBER | |  | | | | |
| ACCOUNT NUMBER | |  | | | | |
| SWIFT NUMBER | |  | | | | |
| BANK | |  | | | | |
| **BANKING DETAILS – VENDORS FROM OTHER COUNTRIES**  **(ATTACH COPY OF WIRING INSTRUCTIONS)** | | | | | | |
| ACCOUNT NAME | |  | | | | |
| ROUTING NUMBER | |  | | | | |
| ACCOUNT NUMBER | |  | | | | |
| SWIFT/IBAN NUMBER | |  | | | | |
| BANK | |  | | | | |
| **NAME AND SIGNATURE** | | | NAME |  | | |
| SIGNATURE |  | | | | DATE |  |