



UNIMARKET SUPPLIER CREATION REQUEST

INTERNAL PROCESS FORM ONLY – NOT FOR EXTERNAL DISTRIBUTION

REQUESTED BY	
NAME:	DATE:
UNIT:	

This form is to be used to request a supplier be created in Unimarket. Please note that all requests will go through a review process and not all requests will be approved for the supplier to be created. To protect CSU and its Suppliers, the fields indicated with a # require supporting documentation from the Vendor to be included with this form.

Part 1. SUPPLIER DETAILS

Supplier Name:															
Does the supplier have an ABN?				<input type="checkbox"/> Yes <input type="checkbox"/> No				Is the supplier a CSU Student?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
# if Yes, what is their ABN								If Yes, Student ID							
Supplier Purchasing Contact Name						Physical Address Details									
Our account Number with the supplier						Street Address									
Email address for orders #															
Email address for remittance advices						City		State		Postcode					
If you have something from the supplier that shows their bank details, please send it with this form.						Phone		Country							

Additional Information

Tags to be associated with this supplier <i>Select as many as appropriate</i>	<input type="checkbox"/> Accounting & Auditing Services <input type="checkbox"/> Accommodation <input type="checkbox"/> Advertising <input type="checkbox"/> Agricultural Providers <input type="checkbox"/> Audio Visual <input type="checkbox"/> Awards <input type="checkbox"/> Building & Hardware Supplies <input type="checkbox"/> Building Specialists <input type="checkbox"/> Building Services <input type="checkbox"/> Catering Services <input type="checkbox"/> Cleaning Services <input type="checkbox"/> Conference & Seminar Providers <input type="checkbox"/> Clothing Supplies <input type="checkbox"/> Donations & Sponsorship <input type="checkbox"/> Department Stores <input type="checkbox"/> Examination Services <input type="checkbox"/> Facilities Maintenance <input type="checkbox"/> Financial Services <input type="checkbox"/> Government Services <input type="checkbox"/> Health Providers <input type="checkbox"/> Hospitality Suppliers <input type="checkbox"/> IT Consultants & Contractors <input type="checkbox"/> IT Hardware Suppliers <input type="checkbox"/> Insurance Services <input type="checkbox"/> Internal Suppliers <input type="checkbox"/> Library Providers <input type="checkbox"/> Legal Services <input type="checkbox"/> Logistics Providers (Freight) <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Office Equipment <input type="checkbox"/> Office Furniture <input type="checkbox"/> Paper <input type="checkbox"/> Professional Services <input type="checkbox"/> Practicum Supervision <input type="checkbox"/> Photographic Providers <input type="checkbox"/> Printing Services <input type="checkbox"/> Postal Services <input type="checkbox"/> Research Providers <input type="checkbox"/> Schools <input type="checkbox"/> Scientific Providers <input type="checkbox"/> Specialty Suppliers <input type="checkbox"/> Stationery Suppliers <input type="checkbox"/> Students <input type="checkbox"/> Software Providers <input type="checkbox"/> Telecommunications <input type="checkbox"/> Veterinary Suppliers										
	Search terms you would associate with this supplier										

Part 2. DFM SUPPLIERS

a. Is this supplier a Division of Facilities Management (DFM) provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer b. below.
b. Is this supplier on the DFM Endorsed Provider List? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please contact DFM Procurement and Risk Management to get their endorsement before submitting this form. If yes please attach supporting documentation.

Part 3. PAYMENT TERMS

Please advise all suppliers that CSU payment terms are 30 days

Have you filled in all the required details and are ready to send any necessary supporting documentation? If you are, please click the submit button