

AUTHORITY TO REMIT ALL AMOUNTS DIRECT TO BANK

Office Use Only Supplier Name:.....(<i>CRM to enter</i>) Supplier Reference Number:.....(<i>CRM to enter</i>)
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Account Details:

Company Name:.....

Trading Name:.....(*if different from Company name*)

Bank (*or institution*):.....

Account Number:.....

B.S.B. Number:.....

Supply of a coded deposit slip from your account will ensure correct records.

Taxation Requirements:

ABN (*Australian Business Number*).....

<p>Please note: It is now Collins Restaurants Management Pty Ltd policy Not to transact business with Suppliers who are not registered for an Australian Business Number.</p>

Remittance Information:

Fax Number

E-mail Address

Signed:.....

Dated.....

Return when completed to Fax 07 3352 0970

IMPORTANT: The contents of this document (including any attachments) are privileged and confidential. Any unauthorised use or dissemination of the contents and attachments are expressly prohibited. If you have received this document or any of its attachments in error, please advise the *Accounts Department on 07 3352 0812* immediately and then shred or destroy this document.

The Privacy of personal information is of great importance to us, and we are committed (and obliged by law) to protecting it. If you have any concerns regarding the handling of your personal information, please contact our Privacy Officer in writing at PO Box 286, Lutwyche, Qld, 4030.