



**Bean Growers Australia**  
PO Box 328 KINGAROY QLD 4610  
[info@beangrowers.com.au](mailto:info@beangrowers.com.au)

ABN 52 092 429 984  
Ph: 07 4162 1100  
Fax: 07 4162 4706

**SUPPLIER GST DETAILS AND RCTI AUTHORITY**

Registered Supplier/Grower Name:			
Registered Business Address:			
Suburb/Town:	State:	Postcode:	
Phone:	Fax:		
Mobile:	Contact Name:		
Email:			
Are you registered for Goods & Services Tax (GST)?	Yes	No	(Please circle)
Do you have an Australian Business Number (ABN)?	Yes	No	(Please circle)
If no ABN, withholding tax will be deducted at 46.5%			
If yes, please provide your ABN:			

I/we \_\_\_\_\_ hereby authorise Bean Growers Australia to produce a Recipient Created Tax Invoice on our behalf and agree that:

1. Bean Growers Australia can issue tax invoices in respect of our relevant supplies;
2. I/we will not issue any tax invoice with respect to our supplies;
3. I/we are registered for GST upon entering this agreement and will notify Bean Growers Australia if I/we cease to be registered; and
4. Bean Growers Australia is registered for GST and will provide notification if it ceases to be registered.

\_\_\_\_\_  
Supplier's Signature

\_\_\_\_\_  
Name of Signatory (Block letters)

**ACCOUNT DETAILS FOR PAYMENT BY ELECTRONIC FUNDS TRANSFER**

Authorisation to pay by EFT  
I hereby authorise payments by Bean Growers Australia to be directed into the following account:

Name of Financial Institution:	
Account Name:	
BSB:	(Please use format xxx-xxx)
Account Number:	

Conditions  
I hereby:

1. Warrant that I have the authority to provide these details on behalf of the supplier named above.
2. Acknowledge and agree that:
  - A. The supplier is responsible for the accuracy of the details provided above
  - B. The supplier is responsible for advising in writing of any changes to their banking details
  - C. Bean Growers Australia is under no obligation to verify the details provided
  - D. While the preferred method of payment is EFT, payment may still be made by other means if circumstances require it.

\_\_\_\_\_  
Supplier's Signature

\_\_\_\_\_  
Name of Signatory (Block letters)

\_\_\_\_\_  
Date

Please return this form to:

Mail: PO Box 328  
KINGAROY QLD 4610

Fax: 07 4162 4706  
Email: [pley@beangrowers.com.au](mailto:pley@beangrowers.com.au)