



# NetApp Australia PTY LTD

## Supplier Add/Change Form

|                                                                                                                |           |                                                                            |
|----------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------|
| Please select one:                                                                                             |           |                                                                            |
| <input type="checkbox"/> New Vendor                                                                            |           |                                                                            |
| <input type="checkbox"/> Existing Vendor – (Change of info. indicate the change in the impacted field(s) ONLY) |           |                                                                            |
| Vendor Details                                                                                                 |           |                                                                            |
| Legal Company Name : _____                                                                                     |           |                                                                            |
| Former Company Name : _____<br>(Applicable for Change of Info.)                                                |           |                                                                            |
| Alternate Name : _____<br>(if applicable)                                                                      |           |                                                                            |
| Address Line 1 : _____                                                                                         |           |                                                                            |
| Address Line 2 : _____                                                                                         |           |                                                                            |
| City :                                                                                                         | _____     | Country : _____                                                            |
| Postal Code :                                                                                                  | _____     | ABN No./ Business License No./<br>Company Registration No./VAT No.: _____  |
| Vendor Contact                                                                                                 |           |                                                                            |
| Main Contact - Name : _____                                                                                    |           |                                                                            |
| Main Contact - Phone # :                                                                                       | _____     | Main Contact - Email Address : _____<br>(Purchase Order Only)              |
| Main Contact - Fax # :                                                                                         | _____     | A/C Receivable's Email Address : _____<br>(Recipient of Remittance Advice) |
| Payment / Bank Details                                                                                         |           |                                                                            |
| Invoice Currency :                                                                                             | _____     | Payment Method : <b>WIRE</b>                                               |
| Account Name :                                                                                                 | _____     |                                                                            |
| Bank Name :                                                                                                    | _____     |                                                                            |
| Bank Code :                                                                                                    | _____     | Branch Code : _____                                                        |
| Account Number :                                                                                               | _____     |                                                                            |
| <b>Foreign Payments Only:</b>                                                                                  |           |                                                                            |
| International Swift Code :                                                                                     | _____     | IBAN Code : _____                                                          |
| ABA Routing Number :<br>(US Only)                                                                              | _____     |                                                                            |
| Bank Address :                                                                                                 | _____     |                                                                            |
| City :                                                                                                         | _____     | Country : _____                                                            |
| Mandatory Fields                                                                                               |           |                                                                            |
| Name & Position (PRINT)                                                                                        | Signature | Date (MM-DD-YYYY)                                                          |
| _____                                                                                                          | _____     | _____                                                                      |
| Name of NetApp Contact & Email Address                                                                         | _____     |                                                                            |

\* **Payment Terms:** EOAP (End of Accumulation Period)+60 days  
\* **Payment Schedule:** Your payment terms will be 60 days from the end of the calendar month in which the invoice falls (accumulation period). Invoices will be paid in the next payment run after it comes due. Our payment runs will occur on the 3rd day of each month (or next business day).

Please scan and return completed form to [GlobalProcurementServices@netapp.com](mailto:GlobalProcurementServices@netapp.com)  
a. For vendor and payment term related inquiries, please contact us via [Globalprocurementservices@netapp.com](mailto:Globalprocurementservices@netapp.com)  
b. For invoice and payment related inquiries, please contact us via [aphelp@netapp.com](mailto:aphelp@netapp.com)