



**FLYNN  
BUILDERS**

1300 JP FLYNN | [www.jpflynn.com](http://www.jpflynn.com) | Tel: 1300 573 5966 | E: [enquiries@jpflynn.com](mailto:enquiries@jpflynn.com)

**VICTORIA**

Oakleigh South VIC 3167

Keilor Park VIC 3042

**SOUTH AUSTRALIA**

Richmond SA 5033

# Supplier Application Form

\* Indicates mandatory field

## 1. OUR COMPANY DETAILS

Company Name*			
Business or Registered Trading Name			
ABN*			
Primary Contact Person*	Name: Phone Number: Email Address:		
Office Address*			
Office Phone Number*	Accounts Email Address*	Work Orders Email Address*	

## 2. PAYMENT INFORMATION\*

Name of banking institution*			
Account Holder Name*			
BSB*		Account Number*	

## 3. INSURANCE/REGISTRATION DETAILS\*

Upon return of this form, please include a copy of your **Public Liability Insurance Certificate** and your **Workers Compensation Insurance Certificate (if applicable)**, along with any other relevant insurance information.

**Please also include copies of any relevant trade qualification**

*(e.g Building License, Electrical License, Plumbing License, White Card, Working At Heights Qualification etc.)*



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### 4. SERVICE OFFERING\*

<p><b>Services Provided:</b> (e.g Plumber, Electrician, Asbestos Removal etc.)</p>	
<p><b>Service Area:</b> (e.g Gippsland Area, Adelaide Metro etc.)</p>	

### 5. COMPLIANCE & INDUCTIONS\*

To facilitate the induction process, please provide names and email addresses of all onsite workers who would be providing services for JP Flynn.

Name	Email