# CUSTOMER CONTRACT ORDER

**CUA PC2019 Purchasing Card Services and Expense Management System**

Customers should use this form to select the required Purchasing Card, Card Management System (CMS), Expense Management System (EMS) or Data-Feed services to establish a Customer Contract with the Contractor.

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| **Step 1 – Nominate the Purchasing Card Services Required** | **Required Yes / No** |
| **Purchasing Card** - for the general purchase of goods and services (including ICT and travel arrangements if required). Includes the Card Management System. |  |
| **Travel Account** - an account for paying for an agency’s travel bookings through the Travel Management Services CUA. Includes the Card Management System. |  |

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| **Step 2 – Nominate the EMS / Data-Feed Services Required** | **Required Yes / No** |
| **Expense Management System** - Use of the Expense Management System (EMS) FlexiPurchase is required. Identify the required modules in Step 3 below. |  |
| **Data-feed** - A regular data feed of transaction details to the Customers existing ERP or EMS is required. |  |

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| **Step 3 – If the FlexiPurchase EMS is required** *(Identify the required Flexipurchase package type and any additional modules required below)* | |
| **Flexipurchase Package Type**  *(Core, Advanced, Comprehensive)* |  |
| **Additional Modules**  *(Identify each additional module required)* |  |

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| **Step 4 - Card Administration Details** | | | |
| ***Entity Details*** | | | |
| **Entity Name** |  | | |
| **Entity/Embossed Name for Card Program**  *(The embossed name is limited to 18 characters and will appear on the Purchasing Card plastic.)* |  | | |
| **Address** |  | | |
| **Postal address**  *(For the delivery of Purchasing Cards/PINs and Monthly statements. Refer to Appendix A to nominate the main contact person)* |  | | |
| ***Card Administrator / Authorising Officer / Verifying Officer*** | | | |
| *Complete “Appendix A – Authorised Card Officers” with the nominated officers authorised to administer the purchasing card facility.* | | | |
| **Term of the Customer Contract** | | | |
| **Term of the Customer Contract.**  *Note: (The Customer Contract cannot exceed the Term of the Head Agreement)* | *Examples are provided below, delete as required.*  *For mandatory and approved / discretionary users:*  The Term of the Customer Contract commences on the date of this Order and expires on the expiry or termination of the Head Agreement.  *Or for approved / discretionary users:*  The Term of the Customer Contract is for a period of *(insert term in years / months)* commencing on the date of this Order and expiring on *(insert date)* or the expiry or termination date of the CUA PC2019 Head Agreement, whichever date is earlier. | | |
| **Bank Account Details for Direct Debit** | | | |
| **Name of bank** *(where account is held)* |  | | |
| **Address of bank** |  | | |
| **BSB** |  | **Account Number** |  |
| **Agency Facility Limited** | | | |
| **Facility limit per month required** | $ ……………………………………………….. | | |
| **Customer Contract Order** | | | |
| **The services and systems ordered in this Customer Contract Order are to be provided in accordance with the terms, conditions and Price of CUA PC2019 Purchasing Card Services and Expense Management System.** | | | |
| **Authorised Officer Name** |  | | |
| **Authorised Officer Position** |  | | |
| **Authorised Officer Signature** | ……………………… | **Date** | ….…/……/……..… |
| **Please return a completed copy of this form to both:** | | | |
| Greg Gates  Associate Director  National Australia Bank Limited  Email: [Greg.D.Gates@nab.com.au](mailto:Greg.D.Gates@nab.com.au) | Shauna Booth  Contract Manager  Department of Finance  Email: **shaunabooth@finance.wa.gov.au** | | |

**Appendix A – Authorised Card Officer/s**

## To appoint an authorised Card Administrator, Authorising Officer and Verifying Officer complete the details for each officer below. Customers can nominate the same officer to all three positions or separate officers to each position as required. Refer to the CUA PC2019 Buyers Guide for position descriptions.

## *Add additional Authorised Card Officer tables as required.*

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| ***Authorised Card Officer***  *and*  ***Nominated Contact person***  *(The primary contact for delivery of Purchasing Cards/PINs and Monthly statements. Refer to Step 4 Postal address)* | | | |
| **Officer name** |  | | |
| **Position title** |  | | |
| **Telephone** |  | **Mobile** |  |
| **Fax** |  | | |
| **E-mail** |  | | |
| **Nominated Position/s** *(Yes / No for each position)* | **Card Administrator** | **Verifying Officer** | **Authorising Officer** |
|  |  |  |
| **Signature** | …………………… | **Date** | ….…/……/……..… |
| ***Authorised Card Officer*** | | | |
| **Officer name** |  | | |
| **Position title** |  | | |
| **Telephone** |  | **Mobile** |  |
| **Fax** |  | | |
| **E-mail** |  | | |
| **Nominated Position/s** *(Yes / No for each position)* | **Card Administrator** | **Verifying Officer** | **Authorising Officer** |
|  |  |  |
| **Signature** | …………………… | **Date** | ….…/……/……..… |