



Foodstuffs North Island Vendor Account Form

Please forward this form including the completed Vendors Contacts section to your Relationship Manager e.g. FSNI Category Manager

Vendor Details										
Trading name							NZBN / C	SLN no.		
Legal name							Compan	y no.		
	Street	t number and	name							
	Suburb / RD number									
Physical address	Town	/ City					Postal co	de		
	Country									
	PO Bo	ox / Private Ba								
Postal address	Subur	.p								
(if different to above)	Town	/ City				Postal co	de			
	Count	Country								
	Phone	e number					Fax num	ber		
Contact details	Email address									
GST number				Invoicing Curr	Invoicing Currency, e.g. NZD, AUD				Copies of an invoice credit note must be at	
Business Activity Inform	nation									
Nature of Supply (Please tick one)	Stock	(Goods for resa	le including	; Food Packaging)		Non-Stoo FSNI Group		services	for consumption by	
Product(s) Category										
Name of Stores	(Pleas	(Please provide names of stores you supply to, if applicable)								
Local (New Zealand) Ve	andor F	Sank Account	Details							
Eocal (New Zealana) VC	Jiluoi E	Jank Account	Details						Deposit slip mus	st be
Bank Account number	Bank	& Branch		Account Nur	nher		Suffix		supplied as verification of	
	Bank & Branch Account Number Sumx details									
International Vendor B	ank Ac	count Details								
Bank Address							Swift Co	de		
State				Country			Short Co	de		
Payment Terms	√	Payment Frequency	Disc %	Description						
Goods for Resale		Monthly	2.50	Invoices po	id on the	last working	g day of the	followir	ng month:	9025
(Charge Through or) A		 Invoices paid on the last working day of the following month: Invoices paid 22 to 28 days following invoice date. 						
Distribution Centre)		Weekly	3.75	Payments will be processed on the first working day of the week.				0509		
				Other – to be agreed by FSNI General Manager and Chief Financial Officer						
Goods or Services for		Monthly	0.00	• Invoices po	id on the	last working	g day of the	followir	ng month.	9000
Consumption by FSNI Group		Weekly	0.00	contractor	s and prof	essional ser	vices only)		date (applicable for of the week.	0508













Vendor Contact Details		
Managing Director	Phone	
Email Address		
Chief Financial Officer	Phone	
Email Address		
National Accounts Manager	Phone	
Email Address		
Accounts Receivable (Remittance Advice)	Phone	
Email Address		
Customer Services (Credit Note Requests)	Phone	
Email Address		
Procurement (Purchase Orders)	Phone	
Email Address		
Delivery Discrepancies	Phone	
Email Address		
Promotions	Phone	
Email Address		
Condition Contracts	Phone	
Email Address		
Ecommerce Contact	Phone	
Email Address		
Master Data (Member Store updates)	Phone	
Email Address		
Ry signing this form the Vendor	c acknowledges and accepts FSNI terms and conditions and garee to comply	with the Foodstuffs Itd

By signing this form, the Vendor acknowledges and accepts FSNI terms and conditions and agree to comply with the Foodstuffs Lta Compliance Approved Vendor Documentation.

Vendors Authorised Signature				
Representative's Name		Signature		
Position		Date		













Foodstuffs Group of Companies

Foodstuffs Exchange Application Form (Stock Suppliers Only)

Date	1 1				
Company					
Contact Person		Phone			
Postal Address		Fax			
		Email Co	ntact		
		Email Ord	ders		
Postal Code		GST No			
NZBN/GLN					
COPY OF A PRICED	PACKING SLIP ATTACHED (MANDATO	ORY): YES			
1. Which Foodstu Foodstuffs Sou	outs and the state of the state				
2. As a single Foowwork with: Foodstuffs Sou			n, please indicate the company you would prefer to		
3. Are the produc Warehouses	cts you supply Foodstuffs, sent to our: Retail Stores				
E-Commerce Team	completed application form to one of t	E Commerce Team			
Foodstuffs South Is Private Bag 4705 Christchurch 8140	land Ltd	Foodstuffs North I DX Box CX 15021 Auckland			
E: ecommerce@foo	odstuffs-si.co.nz	Upper North Island:			
D: 03 353 8668		E: allen.grainger@foodstuffs.co.nz			
F: 03 353 8190		D: 09 621 0764 F: 09 621 0252			
		Lower North Island:			
		E: ecommerce@foo	dstuffs-wgtn.co.nz		
		D: 04 527 2523			
INADODTANT		F: 04 527 2650			
IMPORTANT: Please submit your in	tended Priced Packing Slip as part of your	application along with	this E-Commerce Exchange Application Form.		
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