

APPLICATION - CHARGE THROUGH / TRADING ACCOUNT
 (Goods Supplied Directly to Our Members or to Our Warehouses)
Please type in this form, then print and sign the agreement

Company Details

Legal Entity

Trading As

NZBN

GST

Name of Director (1)

Name of Director (2)

Postal Address

Post Code

Street Address

Post Code

Telephone No

Mobile No

E-mail

Nature of goods to be traded please indicate

Produce

Bulk Foods

Frozen

General Merchandise

Grocery

Bakery

Food Service/
Packaging

Liquor

Dairy

Tobacco

Butchery

Deli

Seafood

Other

Other Goods (please Specify)

TRADING TERMS AGREEMENT - Settlement Discount

Standard Term Consisting of 2.5% payment deduction from the monthly settlement. [Terms of Trade](#)

Please tick to confirm

NON-Standard Terms by agreement as per our terms of trade.

Note: Terms and conditions requested that are not standard will require negotiation prior to approval. Contact the Merchandise Operations Manager

Non - standard Terms and Deduction rate

Non-standard terms payment period:

Trading terms and conditions accepted by (please enter name of signatory)

Signature:

Title of person signing form e.g director, owner, manager, or position in company

Date

BANK DETAILS FOR PAYMENT - Please Note: You must complete only one bank section.

E-mail for remittance advice:

Bank Account Name

Bank Statement Reference

NZ Bank Account Details

Bank

Branch

Account No

Suffix

Or - International Bank Account Details

Bank Address

Swift Code

State

Country

Short Code

eCommerce Exchange Information Form

Do you also trade with

Foodstuffs NI

Are the products you supply
to be sent to our:

Warehouses/DC

Retail Stores

If you have a distributor arrangement
please provide details

Purchase Order E-mail Notification

eCommerce Error E-mail Notification

Main Contact Person for Account
Issues/ Queries

Phone

E-mail

Incomplete documentation will result in a delay in the set up of your account.

**Need Help?
Call 0800-555-985**

Please ensure that the following
documentation accompanies this
application

Sample Invoice

Priced Packing Slip

Food Compliance Pack

Trade Price list

Bank Account Confirmation / Deposit Slip

**Print and sign this form, and return with the items above to: vendor.request@foodstuffs-si.co.nz
or post to:**

**Foodstuffs South Island
Private Bag 4705
Christchurch 8140 -
attention Vendor Master.**

OFFICE USE ONLY

Merchandise Operations Manager

Food Safety Manager
