



FOODSTUFFS SOUTH ISLAND LIMITED
 167 Main North Road
 Private Bag 4705
 CHRISTCHURCH 8140
 Phone: (03) 353 8700
 Fax: (03) 353 8190
 Email: vendor request@foodstuffs-si.co.nz

(For Office Use only)

Vendor No.	
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APPLICATION CHARGE THROUGH ACCOUNT
(Goods Supplied Directly To Our Members or to Our Warehouses)

Legal Entity			
Trading as			
Director (1)	Name (please print)	Date of Birth	
Director (2)	Name (please print)	Date of Birth	
Postal Address			Postcode
Street Address			Postcode
Telephone No.	Mobile		
Facsimile	E-mail		

Category (tick box below)

Grocery	<input type="checkbox"/>	Meat	<input type="checkbox"/>	Bread	<input type="checkbox"/>
Hardware	<input type="checkbox"/>	Liquor	<input type="checkbox"/>	Produce	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	Other	_____		

ORDINARY TERMS (O.T) – Settlement Discount

Standard Terms consist of a **2.50%** payment deduction from the monthly statement.

or

Non-standard terms by agreement (*refer terms and conditions page 5*)

Terms _____ (*Discount rate agreed for non-standard term*)

Payable _____ (*As agreed if not monthly*)

Bank Account Details – (Please attach deposit slip)

<i>Bank</i>	<i>Branch</i>	<i>Account No.</i>	<i>Suffix</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>

Bank Account Name _____

Please advise us of the detail that you wish to have shown on your Bank statement.

Reference	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Trading Terms & Conditions Accepted by (please print name of person signing form)	
Title of person signing form e.g. Director, Owner, Manager or position in company	
Signature	

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Application initiated by: _____ (please print)

Date of Incorporation ___/___/___

Authorised by _____

Actioned by _____

Distribution:

- (1) eCommerce Department
- (2) Article Master Department
- (3) Food Safety Department
- (4) Confirmation to supplier
- (5) Corporate Administrator

Date _____

Date _____

The information contained in this application will be treated in accordance with the principles of the Privacy Act 1993.

eCommerce Exchange Application Form

Date / /

Company Details

CompanyGST No

Postal AddressPhone

City / TownFax

Postal Code

Contact Person Details

Contact NamePhone

.....Email

1. Do you have internet access to view purchase orders online via The Foodstuffs Exchange?

Yes No

2. Which Foodstuffs Companies do you currently trade with?

Foodstuffs (South Island) Ltd Foodstuffs (Wellington) Ltd Foodstuffs (Auckland) Ltd

3. The products you supply Foodstuffs are delivered to:

Warehouses Retail Stores

Please forward the completed application form to one of the eCommerce Implementers below.

<p>eCommerce Team Foodstuffs (South Island) Ltd Private Bag 4705 Christchurch 8140</p> <p>D: 03 353 8191 F: 03 353 8190 E: ecommerce@foodstuffs-si.co.nz</p>	<p>eCommerce Team Foodstuffs (Wellington) Ltd P O Box 38-896 Wellington 5045</p> <p>D: 04 527 2523 F: 04 527 2650 E: ecommerce@foodstuffs-wgtn.co.nz</p>	<p>Allen Grainger Foodstuffs (Auckland) Ltd DX Box CX 15021 Auckland</p> <p>D: 09 621 0764 F: 09 621 0252 E: allen.grainger@foodstuffs.co.nz</p>
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Foodstuffs Use Only	
EAN Supplier Prefix	Date Received
<input type="radio"/> Web <input type="radio"/> B2B	Date Processed

