

**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

Butchery

Deli

Tobacco

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
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**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](mailto: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
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