



Pallet Transfer Levy Authorisation

Company Name: _____

Company Contact Name: _____

Contact Telephone No: _____

Contact Email: _____

We agree to participate in the Foodstuffs South Island Limited pallet levy transfer system for supplier details as listed below.

Signature: _____

CHEP Pallet Account

Distribution Centre	Supplier	Supplier Number	CHEP Account Name	CHEP Account Number
Hornby Ambient DC				
Hornby Temperature Controlled DC				
Dunedin Regional DC				

Loscam Pallet Account

Distribution Centre	Supplier	Supplier Number	Loscam Account Name	Loscam Account Number
Hornby Ambient DC				
Hornby Temperature Controlled DC				
Dunedin Regional DC				

Please complete this form and return via email to packagingqueries@foodstuffs-si.co.nz

Foodstuffs South Island Limited will confirm effective start date by e-mail.