

**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)

Email (1)  Email (2)

Postal Address  Post Code

Street Address  Post Code

Telephone No  Mobile No

E-mail – Finance Contact

**Legal Contact(s)**

Name	<input type="text"/>	Name	<input type="text"/>
Title / Position	<input type="text"/>	Title / Position	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>

Nature of goods to be traded please indicate

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Grocery – Food     | <input type="checkbox"/> Produce                  | <input type="checkbox"/> Bulk Foods       | <input type="checkbox"/> Dairy          |
| <input type="checkbox"/> Grocery – Non Food | <input type="checkbox"/> General Merchandise      | <input type="checkbox"/> Liquor / Alcohol | <input type="checkbox"/> Deli           |
|   | <input type="checkbox"/> Food Service / Packaging | <input type="checkbox"/> Butchery         | <input type="checkbox"/> Instore Bakery |
|   | <input type="checkbox"/> Tobacco                  | <input type="checkbox"/> Seafood          | <input type="checkbox"/> Other          |
|   |   | <input type="checkbox"/> Frozen           |   |

Other Goods (please specify)

**Supplier Coverage & Distribution** - Please provide details of your intended supply coverage & distribution by completing the below:

**Coverage:**  Local Supply **OR**  South Island wide **Note:** Local suppliers are those who supply to 5 stores or less **OR** Supply within a 50km area

**Distribution:**  Direct to Store **OR**  Other

Use the box below to detail your intended method to supply to stores: (e.g. Courier / own vehicles)

**Master Terms Agreement and Settlement Discount**

Please confirm you have read and agree to our [Master Supplier Terms & Conditions](#). Tick here to confirm:

Please confirm your preferred Settlement Discount Term  Monthly at 2.5% - Due last working day of the month following invoice date

Weekly at 3.75% - Payment made Friday of the following week.

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**

Currency  AUD  USD  GBP  Euros Other (please specify)

Bank Address  Swift Code

State  Country  Short Code

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**eCommerce Exchange Information Form**

Do you also trade with  Foodstuffs NI

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

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Please indicate if you would like to OPT OUT of FSSI's Wholesale Supply arrangement.

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**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 / Non Food Compliance Pack
- Product & Pricing Info (Product list with Trade Pricing & RRP's)
- Supporting Info re Marketing/Trade Plans (incl proposed trade spend & current supply capacity)\*
- Bank Account Confirmation / Deposit Slip

\*Inclusion of trade spend and current supply capacity only if available. This is not mandatory.

**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:**

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

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