



GTT National Limited
Private Bag 4705
CHRISTCHURCH 8140

Phone: (03) 3538700
Fax: (03) 3538190
Email: vendor.request@foodstuffs-si.co.nz

Please return to:
GTT National Limited
Private Bag 4705
Christchurch 8140
ATT: Melinda Baillie

(For Office Use only)

Vendor No.	
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APPLICATION - CHARGE THROUGH / TRADING ACCOUNT
(Goods Supplied Directly To Our Members)

Legal Entity											GST No										
Trading as																					
Name of Director (1)																					
Name of Director (2)																					
Postal Address																Postcode					
Street Address																Postcode					
Telephone No											Mobile No										
Facsimile No											E-mail address										

Nature of Goods to be traded (please indicate)

<input type="checkbox"/>	Bakery	<input type="checkbox"/>	Bulk Foods	<input type="checkbox"/>	Butchery	<input type="checkbox"/>	Dairy
<input type="checkbox"/>	Deli	<input type="checkbox"/>	Foodservice/Packaging	<input type="checkbox"/>	Frozen	<input type="checkbox"/>	General Merchandise
<input type="checkbox"/>	Grocery	<input type="checkbox"/>	Liquor	<input type="checkbox"/>	Produce	<input type="checkbox"/>	Seafood
<input type="checkbox"/>	Tobacco	<input type="checkbox"/>	Other (please specify)				

TRADING PAYMENT TERMS AGREEMENT – Settlement Discount

Terms per Foodstuffs South Island Limited will apply for GTT National Limited and are:

* Terms deduction rate: _____

* Terms payment period: _____

Note: Terms and conditions requested that are not standard without prior consultation or negotiation could result in delays in establishing an account.

Bank Account Details

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

Bank Account Name _____

Please advise us of any detail that you wish to have shown on your Bank statement other than Foodstuffs South Island Ltd

Reference																				
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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	

For Office Use Only

Distribution: (1) eCommerce Department
(2) Article Master Department
(3) Credit Control

Authorised by _____

Date _____

Actioned by _____

Date _____

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