

VENDOR CODE

Supplier/ SubContractor Name:

Requested By:

Position:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Sales Contact: \_\_\_\_\_

Accounts Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Postal Address:

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code: \_\_\_\_\_

Physical Address:

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Post Code: \_\_\_\_\_

**A blank deposit slip or company letterhead verifying bank account details MUST be provided**

☐ Supplier providing our business with

**OR**

☐ Sub-Contractor/PCBU doing work for a customer on behalf (health & Safety manager to approve before giving to Account Payable)

Company NZBN #:

Company GST #:

Bank Acc #:

## OFFICE US ONLY

<b>Tax Posting Group</b>	GST/ EXEMPT
<b>Payment Term Code</b>	30days / 45 days / 60 days / 7 Days / Other _____
<b>Payment term Method</b>	DC / DD / CHQ / Other _____

Dept. Manager \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Financial Controller: Nazmin Buksh Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Checked By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_