

VENDOR CODE

Supplier/ SubContractor Name:

Requested By:

Position:

Name: _____

Name: _____

Sales Contact: _____

Accounts Contact: _____

Email: _____

Email: _____

Postal Address:

Physical Address:

Street:

Street:

Suburb:

Suburb:

City:

City:

Country:

Country:

Post Code:

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 USE ONLY

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

Dept. Manager _____ Sign: _____ Date: ____ / ____ / 20 ____

Financial Controller: Nazmin Buksh Sign: _____ Date: ____ / ____ / 20 ____

Entered By: _____ Date: ____ / ____ / 20 ____

Checked By: _____ Date: ____ / ____ / 20 ____