

FORM A - SUPPLIER DETAILS



Please read and complete carefully, as this information you provide may effect your payments and tax liability

SECTION A - COMPANY DETAILS

Which Freshmax Team Member do you deal with? _____

Company Name _____

(internal use: code)

Trading Name/s _____

(list all if trading under multiple names?) _____

(Internal use: type G, GP, W)

ABN

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Trading/Farm Address _____

Suburb/Town _____

post code _____

Postal Address _____

Suburb/Town _____

post code _____

Phone (Office) () _____

Fax (Office) () _____

Email - for general contact _____

Main Contact Name _____

Phone (mobile) _____

Email _____

BUSINESS OWNER DETAILS

Principal/Owner's Full Name _____

Phone (Mobile) _____

BANK DETAILS - please note, all payments are made via EFT

Bank _____

Branch/BSB _____ - _____

Account Number _____

Account Name _____

GROWER REMITTANCE

We are able to submit your grower remittance in several forms. Please advise which you would prefer

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Mail - postal address as above

Fax - to this number () _____

Email to this address _____

Do you want FREIGHT COSTS deducted from your remittance?

Yes

No

(Banana Growers only)

SECTION B - QUALITY CONTROL

Business Type grower grower/packer wholesaler

Name of the QA System you use _____ copy certificate attached

MRL & MICRO Test Results _____ copy for each/all products attached

Product & Public Liability Insurance _____ copy attached

Shed Number _____

IP Number _____

Horticultural Produce Agreement please complete, sign and return the attached agreement

SECTION C - COMMONWEALTH HORTICULTURE LEVY & ROYALTIES

Do you require Freshmax to deduct the Commonwealth Government Levy on your behalf?

Yes, Please deduct the levy on our behalf for the following produce we supply to Holman Fresh

<input type="checkbox"/>	Almonds	<input type="checkbox"/>	Apple	<input type="checkbox"/>	Avocado	<input type="checkbox"/>	Table Grape
<input type="checkbox"/>	Chestnut	<input type="checkbox"/>	Citrus	<input type="checkbox"/>	Custard Apple	<input type="checkbox"/>	Cherry
<input type="checkbox"/>	Macadamia	<input type="checkbox"/>	Mango	<input type="checkbox"/>	Nashi	<input type="checkbox"/>	Stonefruit#
<input type="checkbox"/>	Potato	<input type="checkbox"/>	Passionfruit	<input type="checkbox"/>	Pear		
<input type="checkbox"/>	Onion	<input type="checkbox"/>	Rubus	<input type="checkbox"/>	Papaya		
<input type="checkbox"/>	Vegetables	<input type="checkbox"/>	Persimmon	<input type="checkbox"/>	Lychee	<input type="checkbox"/>	Other Produce*

OR

*Other - Please detail _____

Please list all stonefruit varieties, you supply, that incur royalties (EG: ZeeSweet)

Please note, any levies paid on your behalf will be deducted from supply payments.

No, Commonwealth Levy is NOT to be paid on our behalf - please complete exemption form attached

Our LRS Account number is: _____

DECLARATION: I declare, that to the best of my knowledge and belief, the information supplied on this form is correct in every essential detail.

Name _____ Signature _____

Date _____ Title _____

Internal Use Only

Checked all signatures, dates and details

ABN Check done - copy attached

Entered Fresh/P2M

iCix - entered / all docs loaded

Executed HPA returned to grower

Hard Copies to Yarraville for filing

Posted date: _____

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