

New Grower Application

PLEASE COMPLETE ALL DETAILS BELOW

Grower Code : _____ (please state code, on every consignment supplied)

Grower Name: _____

Postal Address: _____

Phone: _____ Fax: _____

Contact: _____

Mobile: _____

Email Address: _____

Bank Account Number: _____

GST Registered: Yes / No (Delete One) GST No: _____

Industry Levies paid on your behalf: Yes / No (Delete One)

All containers are netted. Please provide your Account Numbers:

Weck ID: _____

Chep ID: _____

FCC ID: _____

LOSCAM: _____

NZ Gap #: _____

Form Completed by: _____ Date: _____

Please attach the following documents:

Copy of Food Safety Programme Certificate

Copy of Maximum Residue Limits (MRL) Test for each product supplied - supermarket suppliers only

----- FRESHMAX OFFICE USE ONLY -----

Authorised by: _____

(Branch Manager)

**Please return form once completed to: ap@freshmax.co.nz
Or Fax to 09-573 8572**