



Turners & Growers Fresh Limited

FCC Returns Only

FOR OFFICE USE ONLY
NAD: B
Customer Code

Please complete all the information requested and return the form to Turners and Growers, New Accounts, PO Box 290, Shortland Street, Auckland 1140. When the account is activated you will be informed in writing of your new code. For more information please phone our Customer Services department toll free on 0508 800 100.

Please Print Clearly In Block Letters

Approved		
Entered		

SECTION 1- To Be Completed by ALL Customers

Is this application being completed due to:

a) A New Account YES / NO

b) A Change in Trading Entity YES / NO (If Yes please provide details below)

c) A Change in ownership YES / NO (If Yes please provide details below)

If b) or c) above is YES - please Provide Known Details of outgoing Ownership/Entity:

Name: _____ Phone: _____ CODE: _____

Date of Change of Entity or Ownership: _____

Do you have other existing T&G Codes (Buyer, Supplier or Other) that will NOT change as a result of this application?

NO YES: The codes are: _____

SECTION 2 – Business Details & Contacts - To Be Completed By ALL Customers

Business Owner - PROOF OF IDENTITY IS REQUIRED (driver's licence, passport or birth certificate)

Business Owner - Full Legal Name(s) _____

Full Trading Name(s) of business (if any) _____

If GST Registered: GST Number: [] [] [] - [] [] [] - [] [] []

Type of business	FCC Return Depot Location(s)
<input type="checkbox"/> Dairy <input type="checkbox"/> Supermarket <input type="checkbox"/> Other - please specify: _____ <input type="checkbox"/> Restaurant <input type="checkbox"/> Fruit & Vege Shop _____ <input type="checkbox"/> Takeaway <input type="checkbox"/> Fruit & Vege Wholesaler	

Business Location Details - PROOF OF ADDRESS IS REQUIRED (must be reputable i.e. bank, power company etc)

Street address _____	PO Box/Bag Nr. _____
Rural Delivery Nr. _____	Rural Delivery or Street address _____
Suburb _____	Suburb _____
City _____ Postcode _____	City _____ Postcode _____

Contact Details of Business Owner

Work (0) [] [] [] - [] [] [] []	Fax (0) [] [] [] - [] [] [] []
Mobile 0 2 [] [] [] [] [] [] [] [] [] []	Home (0) [] [] [] - [] [] [] []
Email _____	Main Contact _____

I/We hereby certify that I/We have duly read and understood Turners & Growers Terms and Conditions relating to FCC and hereby agree to operate my /our account in accordance with those terms and conditions and understand that failure to comply will result in any account granted being closed.

I/We further certify that all the information given on the above Application is correct.

Store Authorisation:

Business Owner (print name) _____ Signature: _____ Date: _____

Payment of FCC Return accounts are by DIRECT CREDIT only. In order to ensure your correct bank account number is loaded into our records for your account, please include a copy of a printed Blank Bank Deposit Slip with this application