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| PLEASE COMPLETE ALL DETAILS BELOW | | | | | | | | | | | |
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| Grower Code : | |  | |  |  |  | (please state code, on every consignment supplied) | | | | |
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| Grower Name: | |  | |  |  |  |  |  |  |  |  |
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| Postal Address: | |  | |  |  |  |  |  |  |  |  |
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| Phone: |  |  | |  |  |  | Fax: |  |  |  |  |
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| Contact: | |  | |  |  |  |  |  |  |  |  |
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| Mobile: |  |  | |  |  |  |  |  |  |  |  |
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| Email Address: | |  | |  |  |  |  |  |  |  |  |
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| Bank Account Number: | | | |  |  |  |  |  |  |  |  |
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| GST Registered: Yes / No (Delete One) | | | | | |  | GST No: | |  |  |  |
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| Industry Levies paid on your behalf: Yes / No (Delete One) | | | | | | | | |  |  |  |
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| All containers are netted. Please provide your Account Numbers: | | | | | | | | | | | |
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| Weck ID: | | |  |  |  |  |  |  |  |  |  |
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| NZ Gap #: | | |  |  |  |  |  |  |  |  |  |
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| 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** | | | | | | | | | | | |