



**Fresh Produce Group Western Australia Pty Limited**

PO BOX 667  
Kwinana WA 6966  
AUSTRALIA  
ABN 81 152 973 932

T +61 8 9410 1595  
F +61 8 9410 2844  
W freshproducegroup.com

## NEW SUPPLIER FORM

Instructions:

- Please complete **all** fields
- Please return the completed form to your relevant Business Manager

**Company Name:**

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**Trading Name:**

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**ABN/ACN (Australia Only):**

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**Levies Exemption Number:**

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**Brismark/SMCS/MMCS Number**

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**Nature of Business (Please Circle)**

Public Company    Private Company    Partnership    Sole Trader

**Phone Number**

---

**Fax Number**

---

**Email address**

---

**Main Business Address**

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State \_\_\_\_\_ Post Code \_\_\_\_\_

**Postal Address**

(if different from above)

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State \_\_\_\_\_ Post Code \_\_\_\_\_



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## NEW SUPPLIER FORM (Continued)

### Bank Details for EFT Transfer:

<b>Name of Bank</b>	
<b>Bank Location (Country)</b>	
<b>Bank Branch Address</b>	
<b>BSB (Australia &amp; NZ only)</b>	
<b>Swift Code</b>	
<b>Account Number</b>	
<b>Account Name</b>	

### Accounts Receivable Department Contact:

<b>Trading terms agreed</b>	
<b>Contact Name</b>	
<b>Telephone number</b>	
<b>Email address for remittance</b>	

### Supplier Authorisation:

<b>Name</b>	
<b>Position Title</b>	
<b>Signature</b>	
<b>Date</b>	



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**FPG Office Use Only**

**Business Manager Name (Main FPG Contact):** \_\_\_\_\_

**Supplier Type (please circle):** **Grower → \*Please complete New Grower Form\***

**Market Agent (Produce Broker)**

**Transport**

**Service Provider**

**Purpose of New Supplier:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Anticipated Monthly Spend (\$AUD)** \_\_\_\_\_

\_\_\_\_\_

**Business Manager Approval**

<b>Name</b>	
<b>Position Title</b>	
<b>Signature</b>	
<b>Date</b>	

**Finance Approval**

<b>Name</b>	
<b>Position Title</b>	
<b>Signature</b>	
<b>Date</b>	