

Moulding + Casting supplies

Wholesale Application Form

Information will be treated as strictly confidential. Please fill out form below being careful to complete all sections. Note that this form will be subject to an approval process. Please allow 7 business days for all applications to be processed. Return to Barnes NZ Pty Ltd Head Office by email via info@barnesnzs.co.nz.

This form is a Wholesale Application Form, not an application for credit. If approved, all orders must be paid in full before they can be dispatched. Please note, there are minimum order values which will be advised upon approval. Following a minimum 6 month purchase history, consideration may then be given to a credit application. A credit application form will then need to be completed.

Section 1- Applicant Details

Applicant Name: _____
(For this application and referred to in accompanying Terms & Conditions as "Customer")

NZBN No (if company): _____

DOB (if individual): _____

Postal Address: _____

Delivery Address: _____

Phone No: _____

Mobile Nov: _____

Email: _____

Details of Directors, Partners or Proprietors -

1. Name: _____

Phone No: _____

Private Address: _____

2. Name: _____

Phone No: _____

Private Address: _____

Function / Type of Business: _____

Business established (year of commencement): _____

Business Website: _____

Tick Where Applicable:

Shopfront Only

Online Only

Shopfront & Online

Workshops

Marketing and Social Media:
(Please include handles)

1. _____
2. _____
3. _____

Current Wholesale/Distributor
Providers:

1. _____
2. _____
3. _____

Section 2 - Products of Interest

For recommendations, please contact tech@barnes.com.au

1. _____
2. _____
3. _____

Upon confirmation that your application has been approved, you will be notified of the MOQ's, and a price list and price breaks list will be supplied. Please note that we conduct an annual assessment of all wholesale accounts. To maintain your outlet pricing and privileges, it is important to meet our required spending and/or ordering thresholds. Accounts that do not meet this criteria may be subject to removal from our wholesale program. Please be advised that re-packing of our products is not authorized. If you wish to re-pack our products, you must first obtain approval from our sales manager.

Date: _____

Print Name: _____

Signature: _____

(OFFICE USE ONLY) Approved by:

Date:

Wholesale Terms: