
**Vendor Application Form**

In order to facilitate us in reimbursing you promptly please complete all sections of this form and return to: vmf.nz@zimmerbiomet.com

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| **VENDOR DETAILS** |
| LEGAL ENTITY NAME |  |
| TRADING NAME |  |
| ABN/IRD/COMPANY REG NO. /VAT NO.  |  |
| ACN NUMBER |  |
| PLACE OF INCORPORATION |  |
| DATE OF INCORPORATION |  |
| NUMBER OF EMPLOYEES |  |
| PO BOX/MAILING ADDRESS |  |
| EMAIL ADDRESS FOR REMITTANCE ADVICE |  |
| TELEPHONE NUMBER |  |
| FAX NUMBER |  |
| **BANKING DETAILS – AUSTRALIAN & NEW ZEALAND VENDORS****(ATTACH COPY OF DEPOSIT SLIP OR BANK STATEMENT EXCLUDING TRANSACTIONS)** |
| ACCOUNT NAME |  |
| BSB NUMBER |  |
| ACCOUNT NUMBER |  |
| SWIFT NUMBER |  |
| BANK |  |
| **BANKING DETAILS – VENDORS FROM OTHER COUNTRIES****(ATTACH COPY OF WIRING INSTRUCTIONS)** |
| ACCOUNT NAME |  |
| ROUTING NUMBER |  |
| ACCOUNT NUMBER |  |
| SWIFT/IBAN NUMBER |  |
| BANK |  |
| **NAME AND SIGNATURE**  | NAME |  |
| SIGNATURE |  | DATE |  |