



functional
whole foods
new zealand

Export Enquiry Form

To ensure we can provide you with a high quality response to your enquiry in the shortest possible time, please fill out the following form.

1. Describe in your own words the products you require from us: *

2. Which country do you want to import the products into? *

3. Which city do you want to import the products into?

4. When do you need a response from FWF to your enquiry? *

Contact Information

Please take time to enter the correct information about your company's contact details.

First (Given) Name: *

Last (Family) Name: *

Position :

Company Name : *

Division/Department :

Email Address : *

Mailing Address Line 1: *

Town/City : *

State/Province :

Country : *

Phone Number : *

Mobile :

Fax :

Website Address :

Please select the Buyer 'types' that best describes your business. *

Agent/non stockist	<input type="checkbox"/>	Importer	<input type="checkbox"/>
Agent/stockist	<input type="checkbox"/>	Manufacturer	<input type="checkbox"/>
Broker	<input type="checkbox"/>	Representative	<input type="checkbox"/>
Consultancy	<input type="checkbox"/>	Restaurant (incl. chain)	<input type="checkbox"/>
Distributor	<input type="checkbox"/>	Retailer	<input type="checkbox"/>
End User/Client	<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>
Implementation Partner	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Background Information

Please take time to enter the background information about your company's activities.

1. Are you currently importing from New Zealand? * Yes No
If yes, would you mind telling us from whom? _____
2. What year was your company established? _____
3. Approximate annual turnover of your company? (US\$) _____
4. Approximate total number of staff that your company employs? _____
5. Describe your existing products. (main service lines only)

6. Please tell us why you are looking to source products from New Zealand.

7. Please provide two commercial references that you buy from. *
Company 1 : _____
Phone Number: _____
Contact Name: _____
Company 2 : _____
Phone Number: _____
Contact Name: _____

Is there anything else you would like to tell us about this enquiry?

* Compulsory Fields

Complete and fax back to Functional Whole Foods New Zealand Ltd: +64 (0) 3 693 0035