

Vendor Direct Credit Form

Supplier's Contact Details

Organisation

Contact Name

Postal Address

Phone Number

Fax Number

E-mail Address

Supplier's Bank Account Details

Bank

Branch

Account Number

Suffix

Particulars

Code

Reference

Authorisation

Name

Position/Title

Signed

Date

Please attach this form to your Refund Request and return to IPONZ:

Fax: +64 4 978 3691

Mail: PO Box 9241, Marion Square, Wellington 6141, New Zealand