



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: \*

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

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

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

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### Contact Information

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

First (Given) Name: \* 

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Last (Family) Name: \* 

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Position : 

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Company Name : \* 

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Division/Department : 

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Email Address : \* 

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Mailing Address Line 1: \* 

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Town/City : \* 

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State/Province : 

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Country : \* 

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Phone Number : \* 

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Mobile : 

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Fax : 

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Website Address : 

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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?

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\* Compulsory Fields

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