



NetApp New Zealand Supplier Add/Change Form

Please select one:		
☐ New Vendor		
☐ Existing Vendor – (Change of info. indicate the change in the impacted field(s) ONLY)		
Vendor Details		
Legal Company Name : _____		
Former Company Name : _____ (Applicable for Change of Info.)		
Alternate Name : _____ (if applicable)		
Address Line 1 : _____		
Address Line 2 : _____		
City : _____		Country : _____
Postal Code : _____	ABN No./ Business License No./ Company Registration No./VAT No.: _____	
Vendor Contact		
Main Contact - Name : _____		
Main Contact - Phone # : _____	Main Contact - Email Address : _____ (Purchase Order Only)	
Main Contact - Fax # : _____	A/C Receivable's Email Address : _____ (Recipient of Remittance Advice)	
Payment / Bank Details		
Invoice Currency : _____		Payment Method : _____
Account Name : _____		
Bank Name : _____		
Bank Code : _____		Branch Code : _____
Account Number : _____		
Foreign Payments Only:		
International Swift Code : _____		IBAN Code : _____
ABA Routing Number : _____ (US Only)		
Bank Address : _____		
City : _____		Country : _____
Mandatory Fields		
Name & Position (PRINT)	Signature	Date (MM-DD-YYYY)
Name of NetApp Contact & Email Address		

* **Payment Terms:** EOAP (End of Accumulation Period)+60 days

* **Payment Schedule:** Your payment terms will be 60 days from the end of the calendar month in which the invoice falls (accumulation period). Invoices will be paid in the next payment run after it comes due. Our payment runs will occur on the 3rd day of each month (or next business day).

Please scan and return completed form to GlobalProcurementServices@netapp.com

a. For vendor and payment term related inquiries, please contact us via GlobalProcurementServices@netapp.com

b. For invoice and payment related inquiries, please contact us via aphelp@netapp.com