



# VODAFONE PAYMENT APPROVAL



**Please note:** By filling out this form you are giving authorisation to Farm Source to pay your Vodafone account on your behalf. All original conditions of your Vodafone account will remain the same.

Fonterra Supplier  Yes  No      Fonterra Supplier No.:

### FARM SOURCE CONTACT DETAILS

Physical address		
Street name		Suburb
Number	Postcode	Town / city
Email	Do you want to opt in to receive communications from Vodafone: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of account holder		
Farm Source Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

### VODAFONE ACCOUNT DETAILS

Vodafone account name			
Vodafone account No.		Phone No.	
Mobile phone No.(s)	( )	( )	( )

I/We \_\_\_\_\_ hereby authorise Farm Source to charge my monthly Vodafone account to my Farm Source Account. Farm Source reserves the right to cancel or suspend any services if credit limits are exceeded and/or payments are not made by the 20th of the month following purchase and to take reasonable action to recover any outstanding debt.

You now irrevocably authorise Farm Source to pay Vodafone, on your behalf, any amounts billed under this agreement by the due date, even if the amount is disputed by you.

Name of Farm Source Account: \_\_\_\_\_

Signature of Farm Source Account holder: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**Please return this form to:**  
Farm Source Credit: nzfss.credit@fonterra.com  
OR Freepost: Fonterra Farm Source, PO Box 9045, Hamilton 3240, Attn: Credit