

# General Business Partner Service Agreement 19/20

ChristchurchNZ™

## Business Details

Business name:

Trading name:

Qualmark rating:

Postal address:  City:  Postcode:

Email:

Phone number:  Website:

Primary Contact Person name:  Job title:

Phone number:  Mobile:

Email:

Alternative Contact Person name:  Job title:

Phone number:  Mobile:

Email:

**General Business Partner**  General partner \$245 (plus GST) until 30 June 2020

## Please tick one answer on each line

I agree to pay commission on bookings made by the Christchurch i-Site Visitor Centre at the following rate:

12.5%  15%  20%

When the client books my service or product, please take:  Full payment  Deposit  Referral

## Payment Details

ChristchurchNZ will pay you by direct credit for all products sold on your behalf. Please provide the following details:

Name of bank account:  GST Number:

Bank account number:     (XX-XXXX-XXXXXXX-XXX)

Accounts / Finance email:

I agree that ChristchurchNZ may send emails to the addresses above under the terms of the Electronic Messaging Act 2007

I have read and agree to the [terms and conditions](#) of the ChristchurchNZ Business Partner Programme

I confirm that I have a Health and Safety Policy that complies with New Zealand legislation

THIS AGREEMENT WILL AUTOMATICALLY RENEW UNLESS CANCELLED IN WRITING 1 MONTH PRIOR TO RENEWAL

Signature of person authorising:  Date:

Name: