

# Brochure Plus Business Partner Programme 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:

## Brochure Display

 Please tick the category for which you are paying.

*NB: 6 month options are only available to seasonal businesses*

Additional Brochure Display – Prices on application

12 Month DLE \$495.00 plus GST  
 6 Month DLE \$352 plus GST  
 12 Month A4/A5 \$814 plus GST  
 6 Month A4/A5 \$528 plus GST  
 Poster  
 TV Option

## 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)

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: