

GISBORNE FARMERS' MARKET INCORPORATED



Name of Producer:.....Contact Person:.....

Sole trader Partnership Limited Company

Address:.....

Business Phone:.....Home Phone:.....

Mobile Phone:.....Email:.....

If Organic, Certification #:.....GST #:.....

Product	Availability			
	From		To	

Outline of your business:.....

I have read and understood the Farmer's Market rules and regulations and agree to abide by them as a vendor.

Signed:..... On:/...../.....

On behalf of..... (Business name)

Please fax to: 06 868 8195
 Return in post to:
 178 Ballance St,
 Gisborne