

Call 0800 555 333 | Web www.chrisco.co.nz | Scan & send order@chrisco.co.nz

4 WAYS TO PLACE YOUR ORDER: Phone, complete your order online, scan & send or mail it to us. Mail: Freepost 140 717, PO Box 100688, North Shore Mail, 0745 (no stamp required).

3. DELIVERY ADDRESS (Use this only if your delivery address is different to your mailing address)

1. YOUR MEMBER NO.

I am a new member I am an existing member

Unit/Flat #	<input type="text"/>	House #	<input type="text"/>
Street Name	<input type="text"/>		
Suburb	<input type="text"/>		
Town/City	<input type="text"/>	Postcode	<input type="text"/>

2. MAILING ADDRESS

Salutation	Ms	Mrs	Miss	Mr
First Name	<input type="text"/>			
Last Name	<input type="text"/>			
Date of Birth	<input type="text"/> / <input type="text"/>			

SPECIAL DELIVERY INSTRUCTIONS (ie. Leave in Garage/Verandah)

4. CONTACT DETAILS (please provide at least 2 types of contact details)

Unit/Flat #	<input type="text"/>	House #	<input type="text"/>
Street Name	<input type="text"/>		
Suburb	<input type="text"/>		
Town/City	<input type="text"/>	Postcode	<input type="text"/>

Telephone (home)	<input type="text"/>
Telephone (work)	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

5. GIFT ORDER

Tick this box if this is a gift order

Recipient name:

Recipient delivery address:

Message:

6. ORDER DETAILS

CODE	DESCRIPTION	QTY	PRICE	TOTAL PRICE
5 2 9 5	SUNBEAM ICED & HOT COFFEE MACHINE EXAMPLE ONLY	0 1	\$ 2 4 9 . 9 0	\$ 2 4 9 . 9 0
<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"/>	\$ <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"/>	\$ <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"/>	<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"/> . <input type="text"/>

📍 Where you see this Gift Card icon, a \$12 delivery fee, per delivery address is applicable.

H Where you see this Heavy icon, a \$55 delivery fee per hamper.


Packing and Administration Fee (One-time charge only, per customer, per year. Excludes Gift Cards, Food or Beverage hampers) \$ **1 0 . 0 0**

7. HEADSTART PLAN

Add up total order value \$

START A HEADSTART PLAN AND GET A HEAD START!

By ticking the **red box** on the right, a HeadStart Plan for 2025 will be created for you and will commence once your 2024 order is fully paid. A HeadStart Plan allows you to make payments towards next year's order, while giving you time to decide exactly which products you want. Chrisco will calculate your 2025 HeadStart Plan payments by using your order value amount from your previous year's order divided by payment frequency, or another specific amount as directed by you. A HeadStart Plan is fully refundable unless and until you convert it to an order or confirm an order placed by Chrisco on your behalf See Section 5 HeadStart Plan of our full Terms and Conditions: <https://www.chrisco.co.nz/TermsandConditionsGeneral>

You can choose to have a HeadStart Plan by ticking the red box here 

8. PROMOTIONAL CONSENT (See section 6.3.) Tick to receive Offers & Promotional Material via Email Phone Post Text Message Yes to ALL None

9. SIGNATURE REQUIRED I am 18 years or over. I have read, understand and accept the Terms and Conditions in the Catalogue. Signature required, please print and sign below.

Name Signature Date / /

ONCE COMPLETED FOLD AND CUT ALONG THIS LINE

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8A. GIFT ORDER 1 (Use this only if your delivery address is different to your mailing address)			MESSAGE (Please limit your message to 30 characters)		
Name					
Unit/Flat #		House #			
Street Name					
Address 2			SPECIAL DELIVERY INSTRUCTIONS (ie. Leave in garage)		
Suburb/Town		Postcode			

5	0	5	1	ZURU SNACKLES PLUSH BUNDLE	<i>EXAMPLE ONLY</i>	0	1	\$	1	5	5	.	4	0	\$	1	5	5	.	4	0
								\$.			\$.		
								\$.			\$.		
								\$.			\$.		
								\$.			\$.		
								\$.			\$.		
								\$.			\$.		

Where you see this Gift Card icon, an \$12 delivery fee, per delivery address is applicable.

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Packing and Administration Fee (One-time charge only, per customer, per year. Excludes Gift Cards, Food or Beverage hampers) \$ 1 0 0 0

Thank you for your order. Add up total order value \$

8B. GIFT ORDER 2 (Use this only if your delivery address is different to your mailing address)			MESSAGE (Please limit your message to 30 characters)		
Name					
Unit/Flat #		House #			
Street Name					
Address 2			SPECIAL DELIVERY INSTRUCTIONS (ie. Leave in garage)		
Suburb/Town		Postcode			

5	0	5	1	ZURU SNACKLES PLUSH BUNDLE	<i>EXAMPLE ONLY</i>	0	1	\$	1	5	5	.	4	0	\$	1	5	5	.	4	0
								\$.			\$.		
								\$.			\$.		
								\$.			\$.		
								\$.			\$.		
								\$.			\$.		
								\$.			\$.		

Where you see this Gift Card icon, an \$12 delivery fee, per delivery address is applicable.

Where you see this Heavy icon, a \$55 delivery fee, per hamper is applicable.

Packing and Administration Fee (One-time charge only, per customer, per year. Excludes Gift Cards, Food or Beverage hampers) \$ 1 0 0 0

Thank you for your order. Add up total order value \$

CONTACT US

Our Customer Service Centre is open from 10:00am to 6:00pm weekdays (excluding public holidays). We can be reached by:

Phone 0800 555 333

Email cs@chrisco.co.nz

Mail Freepost 140 717, PO Box 100688, North Shore Mail, 0745

Online www.chrisco.co.nz/ContactUs/

HOW TO ORDER

Just follow these simple steps when filling in your Order Form:

- Membership Details** Tick ✓ the relevant box and write your Membership Number if you have one. If you don't have one, one will be assigned to you.
- Mailing Address** Fill out your full name and address details.
- Delivery Address** Complete delivery address details if different from mailing address.
- Contact Details** Please provide at least two ways to contact you (eg: mobile and email).
- Gift Order** Tick ✓ the box on the Gift Order part of the order form and write the person's name, address and message, who is to receive the gift.
- Order Details** Write the details of the hampers that you want: *Code, Hamper, Item Description, Size (if applicable), Quantity, Price, Administration and/or Heavy Fees.* Total up your order and write the total amount in the box provided. Visit our website at www.chrisco.co.nz for our Budget Calculator (🧮) (located on the header banner of the web page and at the bottom under Shop) that will help you work out what your weekly payments will be.
- HeadStart Plan** You can choose to have a HeadStart Plan by ticking ✓ the red box.
- Promotional Consent** Tick ✓ your consent options, or tick ✓ NO for opting out of receiving promotional material.
- Signature Required** Print and sign your name and fill in the date.
- Payment Details** Nominate your payment start date, payment frequency and payment day.
- Direct Debit Request** If you are new to Chrisco please complete the Direct Debit Request to place your order. We need your bank account number, not your EFTPOS card number. Don't worry if your account has fewer numbers than the spaces provided - this is different for each bank.



Earn \$50[†] off your order, and \$50 off your friend's!

Did you know that by referring your friends and family to Chrisco you could both save money off your next order?

For every qualifying friend[†] that you refer who places a qualifying order[†] with Chrisco, you'll get \$50 off your next order and your friend will get \$50 off too!

Hop online at www.chrisco.co.nz/referafriend for more details.

[†] Terms and Conditions apply.

ICON LEGEND

- HeadStart Plan see Section 5 of Terms & Conditions.
- All frozen products are delivered in red insulated cartons Place in freezer upon delivery.
- \$275 super heavy fee per hamper per delivery.
- \$55 heavy fee per hamper per delivery.
- \$12 gift card fee per delivery address is applicable.
- Products require assembly.
- A motorbike standard helmet must be worn.
- A standard helmet must be worn.
- TIPPING HAZARD!** Be advised that some furniture if climbed on or tipped over can cause serious injury. To prevent tipping, items must be fixed to the wall.
- Water Safety - Adult supervision required at all times.
- WARNING!** Choking hazard - these items contain button batteries, keep out of reach of children.

10. PAYMENT DETAILS – DIRECT DEBIT – PLEASE DEBIT MY BANK ACCOUNT AS FOLLOWS:

Date for payments to start:

Please insert the date you would like us to debit your account.

□□ / □□ / □□□□

WEEKLY FORTNIGHTLY MONTHLY
 MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

All Direct Debits are deducted from 4pm on the day ticked. We'll write to confirm payment start date and amount.

11. DIRECT DEBIT REQUESTS – SERVICE AGREEMENT (THIS SERVICE AGREEMENT IS MADE BETWEEN CHRISCO HAMPERS LTD AND THE CUSTOMER)

CONDITIONS OF THIS AUTHORITY TO ACCEPT DIRECT DEBITS

1. THE INITIATOR

- (a) Will not initiate a direct debit on my/our account unless authorisation is received from me/us in accordance with the terms and conditions agreed between me/us and the initiator of each amount to be debited from my/our account.
- (b) Has agreed to send notice of the net amount of each Direct Debit and the due date of debiting after receiving authorisation from me/us under clause 1(a) but no later than the date the Direct Debit will be initiated. This notice must be provided in writing (including by electronic means and SMS where the customer has provided prior written consent (including by electronic means including SMS) to communicate electronically). The notice will include the following message:- "The amount \$_____ was directly debited to your Bank account on (initiating date)."
- (c) May, upon the relationship which gave rise to this Authority being terminated, give notice to the Bank that no further

Direct Debits are to be initiated under the authority. Upon receipt of such notice the Bank may terminate this Authority as to future payments by notice in writing to me/us. (d) May, upon receiving written notice (dated after the date of this authority) from a bank to which I/we have transferred my/our bank account, initiate Direct Debits in reliance of that written notice and this Authority from the account identified in the written notice.

2. THE CUSTOMER MAY

- (a) At any time, terminate this Authority as to future payments by giving notice of termination to the Bank and to the Initiator by the means agreed by the customer, Bank and Initiator.
- (b) Stop payment of any Direct Debit to be initiated under this Authority by the Initiator by giving written notice to the Bank prior to the Direct Debit being paid by the bank.
- (c) Where a variation to the amount agreed between the Initiator and the Customer from time to time to be direct debited has been made without notice being given in terms of clause 1(a) above, request the Bank to reverse or alter any such Direct

Debit initiated by the Initiator by debiting the amount of the reversal or alteration of a Direct Debit back to the Initiator through the Initiator's Bank, PROVIDED such request is made not more than 120 days from the date when the Direct Debit was debited to my/our account.

3. THE CUSTOMER ACKNOWLEDGES THAT

- (a) This authority will remain in full force and effect in respect of all Direct Debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the Bank.
- (b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the Bank in relation to my/our account.
- (c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the Bank except in so far as the Direct Debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the initiator.
- (d) Where the Bank has used reasonable care and skill in acting

in accordance with this authority, the Bank accepts no responsibility or liability in respect of:
 - the accuracy of information about Direct Debits on Bank statements; and
 - any variations between notices given by the Initiator and the amounts of Direct Debits
 (e) The Bank is not responsible for, or under any liability in respect of the Initiator's failure to give notice in accordance with 1(a) nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the Initiator.

4. THE BANK MAY

- (a) In its absolute discretion conclusively determine the order of priority of payment by it of any monies pursuant to this or any other authority, cheque or draft properly signed by me/us and given to or drawn on the Bank.
- (b) At any time terminate this authority as to future payments by notice in writing to me/us.
- (c) Charge its current fees for this service in force from time-to-time.

AUTHORITY TO ACCEPT DIRECT DEBITS

PLEASE NOTE: Only cheque accounts and certain types of savings accounts are available for direct debit. If you are unsure about your account, please check with your bank.

NAME OF ACCOUNT DAYTIME PH NUMBER

Please provide your Bank/Branch number, account number and suffix of account (Do NOT write your EFTPOS Card number here).

BANK BRANCH NUMBER ACCOUNT NUMBER SUFFIX

To: The Manager (please print full postal address clearly)

BANK/BRANCH ADDRESS/PO BOX

TOWN/CITY DATE

I/We authorise you, until further notice in writing, to debit from my/our account the funds which Chrisco Hampers Ltd (hereinafter referred to as the Initiator), the registered Initiator of the above Authorisation Code, may initiate by Direct Debit. I/We acknowledge and accept that the bank accepts authority only upon conditions listed on this form. This information will appear on my/our bank statement.

PAYER PARTICULARS PAYER CODE PAYER REFERENCE

BANK ACCOUNT HOLDERS NAME (customer to complete)

AUTHORISED SIGNATURE/S PLEASE SIGN HERE

MEMBER NUMBER (OFFICE USE ONLY)

AUTHORITY TO ACCEPT DIRECT DEBITS

(Not to operate as an assignment or an agreement)

AUTHORISATION CODE
0330174
 (USER NUMBER)

FOR BANK USE ONLY

APPROVED
3017
04/13

DATE RECEIVED:

RECORDED BY:

CHECKED BY:

BANK STAMP

