



**GROWER OWNED AND DEVELOPED
 MINIMISE RISK AND GENERATE GREATER YIELDS**

Seed Order Form 2009

Variety: _____

| | |
|--|--|
| Company Name: | |
| Property Name: | |
| Address: | |
| Town / City: | |
| State: | |
| Postcode: | |
| Contact Person: | |
| Phone: | |
| Mobile: | |
| Fax: | |
| Email: | |
| Tonnes ordered: | |
| Cost / Tonne: | \$ |
| Seed treatment req. | |
| Collection details: | <input type="checkbox"/> Pickup from: _____ <input type="checkbox"/> Freight to: _____ |
| Office Use Only Pick up / Delivered? Entered into db? Invoiced? | <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> Yes Date: _____ |